THE LANCET.

VOL. I.] LONDON, SATURDAY, FEBRUARY 21, 1835. [1834-35.

PHYSIOLOGY.

LECTURES
ON THE
PHYSICAL CONDITIONS
OF THE
TISSUES OF THE HUMAN BODY,
AS APPLIED TO THE EXPLANATION OF
VITAL PHENOMENA,

Delivered at the College of France in 1834,

BY F. MAGENDIE,
Professor of Physiology and Medicine in the College.

LECTURE XIX.

Resumé of Questions lately considered relative to the Normal Sounds of the Heart.—Review of the preceding Theories of other Physiologists.—Experiment to disprove the production of the Second Bruit by the rushing of the Blood into the Ventricles.—The Abnormal or Pathological Sounds of the Heart.—The Bruit de Souffle, and the Bruit de Râpe.

IN our last lecture, Gentlemen, we began to enter into an examination of the sounds presented by the heart in different morbid affections; in hypertrophy of the ventricles for example, in contraction of the auriculo-ventricular orifices, &c.; and we endeavoured to show you how the various pathological facts laid before you might be arranged under the theory we have adopted of the sounds of the heart. You saw how simple and ready an explanation we obtained of several phenomena which, up to the present day, have been completely misunderstood or overlooked by authors and observers, the greater part of whom, content with superficial reasons, have not attempted to question nature herself, and obtain a solution of physical symptoms, by a consideration of the physical conditions of the organ or organs giving rise to them. When once the fact upon which a system is based has been well established, it is not difficult to find opportunities of applying it; each of you may now do this for yourselves, and deduce an infinity of reasons that cannot fail to be attended with beneficial results in practice. Thus, to cite an instance, you saw how the disappearance of the normal sound of the heart under certain circumstances proved the existence of a shock, and the subsequent production of a bruit; because, in all these cases, there evidently existed some obstacle to the heart's striking against the chest. In many cases this impediment is merely mechanical; but there are a number of other circumstances, also, under which one or both normal sounds are found to disappear, and in all these you may lay it down as a general proposition, to which I know of no exception, that you have something which prevents the heart from shocking with sufficient impulse against the parietes of the chest and the sternum.

Now, if you ask me what may prevent this shock, upon which we have all along laid so much stress, you ask a question involving all the circumstances that are accompanied by a disappearance of the normal sounds of the heart. I have already mentioned to you the manner in which a portion of the pulmonary lobe is sometimes continued in front of the heart, covering, more or less, its apex, or even the whole anterior surface of the organ. In these anomalous cases, a soft, compressible, yielding body, is interposed between the heart and the osseous surface against which it should strike, and it requires no argument to prove how a circumstance of this kind is incompatible with the production of sound.

Any other body interposed between them, will give rise to a result precisely analogous; and the theory also enables you to understand why you cannot hear any trace of bruit when the point of the heart in a living animal is pushed back into the cavity of the chest by the finger, a tube of glass, or any similar instrument. Here the occurrence of the shock is forci-

bly prevented, and the development of sound in consequence is rendered impossible.

A great many diseases of the heart are known to terminate in hydro-pericarditis; sometimes this results from irritation, but most commonly it is an effect of impeded circulation; the passage of the blood through the vessels becomes difficult, and they endeavour to free themselves from the obstacle, by pouring out a quantity of serum. However this may be, it is interesting to study the acoustic phenomena of the heart where this affection exists; I have done so, and found them perfectly conformable with our theory. Thus, in many cases of hydro-pericarditis, the normal sounds of the heart are perfectly distinct: you can hear the tic-tac bruit with the naked ear, without any assistance from the stethoscope; but in other cases, and these are the more rare, you hear no sound whatever. How is this remarkable difference of symptoms in the same disease to be accounted for? Simply enough. In the first case I have remarked that the pericardium contains but a small quantity of fluid; the motions of the heart are therefore free, and no impediment exists to the point of the heart, or the surface of its ventricles, shocking against the thoracic parietes, and giving rise to the usual bruit; but in the latter case the membranous pouch enveloping the heart is distended by a quantity of fluid, which in many cases may contain albuminous flocci, and other matters, rendering it still more thick. Now, whenever the quantity of this fluid is too abundant, the point of the heart is pushed forcibly backwards, and thus the shock and sound are more or less completely prevented.

The case which I have just cited is also an excellent proof, if we wanted one, that the normal bruits are not produced by any mechanism in the interior of the heart, because, were this theory true, the sound would be heard perfectly well through the liquid contents of the pericardium. Water, you all know, is an excellent conductor of sound, and of this we have several examples in the animal economy; thus, after a certain period of pregnancy, the bruit of the fœtal heart is readily communicated to the ear through the liquid contents of the amnios. Again, whenever the heart is prevented from retiring into the chest to a certain extent from the sternum, we have no sound produced during its contractions: this is well seen in cases of great hypertrophy of the ventricles, or when the thorax is malformed, in consequence of rickets, scrofula, or other constitutional affections. In all cases of this kind the heart has not sufficient room in the thorax to play freely; there is no motion of retreat from the sternum, none of redressement of the point; hence there is no development of bruit, although the vital activity of the heart continues unimpaired, and its pulsations are felt distinctly.

A similar result takes place in all cases where the effusion of any liquid matter, as pus, blood, &c., into the substance of the lung, pushes the heart forcibly forwards, and keeps it constantly applied against the parietes of the chest. The reason of this is so obvious that I shall not enter into any reasoning on the matter; suffice it to remind you, that pressure alone can never generate sound. Finally, to complete the catalogue of our causes, if the blood be prevented from escaping rapidly from the cavities of the heart, through the aorta or the pulmonary artery, a circumstance generally produced by the presence of some mechanical impediment, the result of internal organic disease, then we find a very dull feeble sound, replacing the clear pulsation; or when the impediment to the exit of the fluid is very great, we have no bruit at all; and again, when the auriculo-ventricular openings are contracted, when the passage of the blood from the auricles to the ventricles takes place in a slow partial manner, nearly the same result is produced; the ventricles do not dilate with the rapidity which is sufficient to strike sharply against the sternum; on the contrary, the shock, if indeed it can be called one, is excessively delicate, or the heart dilates in so gradual a way as merely to touch the parietes of the chest, without giving any sensation whatever of a pulse; hence the second bruit becomes proportionately feeble, or, when the contraction of the opening is carried to its greatest degree, completely annihilated.

These observations are not merely deductions which I make from our theory, without having any facts to support them; on the contrary, I have had frequent occasion to study diseases of the heart; I have watched cases from their origin to their termination, observing all the symptoms, and particularly the stethoscopic phenomena, with the utmost attention. I have examined the bodies after death, and in every case have found, that wherever the normal clear sound of the ventricles was absent, and its place was supplied by the bruit de râpe, a contraction of the auriculo-ventricular orifices existed in a greater or lesser degree.

These are the principal questions which we have considered in the course of our two or three last lectures; they refer, as you perceive, simply to the normal sounds

of the heart. We have now to take up the abnormal sounds, or those resulting from various pathological conditions of the central organ of the circulation; but before entering directly upon this subject, I think it necessary again to give you a brief sketch of the different theories advanced by those who have preceded me in this field of inquiry. Unless you have precise notions upon this point, it will be impossible for you to follow my observations with advantage, or to compare the ideas which I have now the honour of laying before you, with those so long dominant in the different schools of medicine.

Let us first take up LAENNEC's theory. The author of mediate auscultation attributed the first sound of the heart to the contraction of the ventricles, and the second to the contraction of the auricles. He supported his opinion on the supposition, that each bruit was isochronous with the action to which he referred it; he also conceived the immediate cause of each sound to depend on something taking place within the heart itself, and independently of the surrounding parts.

This theory was immediately adopted, and for a long time prevailed as a ruling doctrine in most of the schools in Europe; but it bears no serious examination, and at the present day, when we require some proof for every assertion in physiology, it cannot be supported for an instant. Did the sounds of the heart depend upon any mechanism within the organ, such as the shock of the blood against the valves, &c.? If so, when the heart is exposed, by opening the chests of a living animal, we ought to hear the pulsations of the organ more distinctly, exactly in the same way as the ticking of a watch is more clear and loud when the external case is removed, and the mechanical part by which the sound is produced is brought nearer to the ear. This is so self-evident, that I shall not dwell further upon it. Now let me ask you, or rather let us ask experience, what takes place when the chest of a living animal is opened. Do we hear the tic-tac of the heart more distinctly when the machine is uncovered? Not at all; on the contrary, you have nothing but a feeble obscure noise, which, I affirm, is perfectly distinct from the normal bruit, and seems to be produced from the rubbing of the organ against the fibrous envelope by which it is surrounded. Thus the theory of LAENNEC, though it originated from one of the most profound and brilliant amongst modern physicians, is not tenable, because it is not built upon experience, and is far, very far from explaining the different phenomena accompanying the action of the heart; besides, it has been directly overthrown by the observations of TURNER upon the venous pulse, or reflux of blood in the jugulars.

Dr. HOPE of London was the first, I think, who gave a true explanation of the mechanism which produces the normal sounds of the heart. He opened the cavity of the thorax in large animals, as the horse, ass, &c., and clearly saw the heart striking against the ribs; but the idea never seems to have occurred to him, that this shock of one solid body against the other might have given rise to the development of sound; he therefore deserves the merit of having established the existence of the shock, but, unfortunately, instead of pursuing the study of the phenomena before him, he also had recourse to a fiction, and attributed the first sound to the agitation of the blood in the cavity of the heart. It is scarcely necessary to tell you, Gentlemen, that this is totally destitute of proof; that not a single experiment is brought forward to show in what manner the agitation of the particles of a fluid, like the blood, can produce a sound similar to that of the heart's pulsation. Dr. HOPE has here fallen into an error which is common to many men, and is particularly the fault of those who make physiology the object of their studies. There is always something seducing about a theory, and, above all others, the physiologist is apt to receive as facts certain opinions, and to admit, as the basis of his theory, some phenomenon, which he cannot explain or prove.

As to the second bruit, Dr. HOPE also saw that it corresponded with the dilatation of the ventricles, and could not be attributed, as LAENNEC conceived, to the contraction of the auricles, for this simple reason, that it was audible whether the auricles contracted or not. Dr. HOPE attributed this sound to a molecular agitation of the blood as it enters the ventricles. To this theory we may oppose our former argument and observation. It is not sustained by a single physical proof. So much for our observation. For our argument, if the second bruit actually depended upon a molecular or any other motion of the blood during the expansion of the ventricles, it should be heard most freely when the heart is completely exposed, or when the stethoscope is placed upon the naked surface of the ventricle. Besides, I would remark *en passant*, that if you examine thoroughly the heart, you will find it does not possess those physical conditions which are necessary for the production of sound in its interior. The cavities of the heart, auricles, as well as ventricles, are always full of blood; that

is to say, the parietes of those cavities are always closely applied upon the fluid contained in them, whether the quantity of that fluid be great or small: in this sense, then, the ventricles are always full. Now to develop a sound by means of a fluid in any instrument, you must have some vacuum in the interior; here is a small instrument, which will give you an example of this; it is called "marteau d'eau," and is formed, as you see, by a portion of glass tube bulging at one extremity, and hermetically sealed at the other; the greater part of the tube is filled by water, and the air has been extracted, leaving an inch, or an inch and a half, of a vacuum. When I give the tube a sudden jerk, thus, a very loud sharp noise, like the crack of a hammer, is produced; you would think at each shock, that the tube was split into a thousand pieces. It is scarcely necessary to remind you, that if the tube were entirely filled with water, or if the air were not extracted, you would hear no clear sound, as you do now. A certain degree of vacuum is, therefore, necessary for the production of sound in an instrument by means of fluid. I do not think the supporters of Dr. Hope's ideas will affirm anything analogous to the *marteau d'eau* in the heart.

After Dr. Hope we have had several physicians in France who have occupied themselves with the investigation of the sounds of the heart. Some affirmed that the first bruit results from the manner in which the blood shocks against the parietes of the aorta and pulmonary artery during the contraction of the ventricles. In this theory, you see, one part is perfectly true, viz. the dull sound being isochronous with the contraction of the ventricles, but the second part is not sustainable. I say you can never have a sound produced by the frottement or shock of any fluid against the parietes of an elastic tube. It is easy to prove this assertion by direct experiment; we shall do so when the causes of the bruit de soufflet fall under consideration.

In some theories we find the second bruit of the heart thus explained;—As the ventricles dilate, the blood from the auricles necessarily rushes in with considerable force and rapidity, striking against the parietes of those cavities, and particularly against the projecting masses of the carneæ columnæ, &c. Hence the origin of the second or clear sound. This, like the former theory, is built up upon an impossibility. If you place the heart in the conditions which surround it in the living body, you cannot fail to perceive that the introduction of the blood into the cavities of the ventricles is merely accompanied by the development of pressure, and not of a shock, as the authors of the idea now under consideration suppose; besides, as I said before, when speaking of the passage of the blood through the great vessels, in order to have a sound developed in this way, there should be a vacuum in some one part. This, it is unnecessary to say, never does exist, and a bruit can never result from the action of a fluid upon a flexible part or organ, whose parietes, enjoying a high degree of elasticity, yield to each motion of the fluid, accommodate themselves to it, and exercise no other kind of action than that of pressure. These facts seem to me so evident and convincing, that I shall not dwell further upon them, let us turn, then, from *words*, to our favourite method of *experimenting*. Let us see whether it is actually possible, as these writers say, to develop any sound in the heart, by the sudden introduction of blood into the ventricles. Here is the heart exposed: a pipe has been fitted into the aorta, beyond the semilunar valves, and the cavities of the heart have been previously filled with a simple fluid. I now, as you see, introduce an additional quantity of water, but no sound is to be heard. Let us *force* the injection. Still no bruit either to the ear or the stethoscope. However, if a little air be mixed with the fluid which I inject, you will then have a slight peculiar sound, but perfectly unlike and distinct from the true normal sound of the heart. I can only profess to give you general ideas from the experiment which I have just now performed, because, as you readily conceive, it is impossible to place the heart of the dead subject exactly in the same physical conditions which influence it during life; however, the absence of any bruit seems sufficiently conclusive. Let us repeat the experiment with a slight difference. I now throw in a somewhat thicker fluid, more of the consistence of blood; the pipe, as you see, is firmly fixed in the aorta, and although I inject with a good deal of force, the assistant says he can hear no sound. This experiment also shows, that the sigmoid valves of the aorta have nothing to do with the production of the normal bruits, for I force the fluid immediately against them, without extracting any sound. I have now directed the assistant to employ the stethoscope, instead of his naked ear, which he has hitherto simply used; and he says, that although he cannot distinguish any trace of shock or sound analogous to the normal one, yet he hears something like the bruit de soufflet. This latter, may, perhaps, arise from some air being mixed with the fluid thrown in, perhaps from some other cause with which

we are not acquainted; for remark, that the question of the influence of physical conditions in the production of phenomena supposed to be vital, is one entirely new, and as yet uninvestigated; it cannot, therefore, be expected that we should be prepared to account for every phenomenon that may present itself during the course of our experiments. If we can point out certain leading facts, remove certain deep-rooted errors; and, above all, substitute the method of observation and experiment for that spirit of theorizing which even still too generally reigns, we shall have fulfilled in great part the object of our labours.

I will now listen myself, and endeavour to distinguish what passes in the interior of the heart while the assistant injects through the aorta. The ear alone does not hear any sound, but when I place the stethoscope on the surface of the heart, I hear distinctly enough a sound resembling the bruit de soufflet, and which seems to me to come from the presence of some air mixed with the fluid injected. At all events, there is no shock, nor anything resembling one; and the bruit, which I now hear for the first time, is perfectly different from either of the normal sounds of the heart, and not to be confounded with them by the merest beginner.

To conclude, then, this part of our subject, I say that we never can have any sound of shock developed by the passage of a fluid into or through an elastic body where there is no vacuum as in the marteau d'eau, and when the parietes of the body, constantly following the motions of the fluid, permit nothing but a kind of frottement, or rubbing, to take place between them. Under these circumstances there can be no shock, and we cannot expect to find a bruit where the physical conditions absolutely necessary for its production do not exist.

These are the few observations, Gentlemen, which I wished to make to you on the different theories, as to the nature and cause of the normal sounds of the heart, already advanced by authors. I shall now proceed immediately to a consideration of the abnormal or pathological sounds which are developed under various circumstances of deranged function, or organic alteration of the organ. These bruits differ very much from each other, and likewise in the frequency with which they are met in the living body. Some of them are very frequent, presenting themselves under various conditions of the heart: others are occasionally observed by those who make the study of diseases of the heart their particular object; while others, again, are extremely rare, and only heard by physicians who enjoy the advantages of an extensive hospital or private practice.

The first abnormal bruit to which I would wish to direct your attention, is that called by Laennec the "bruit de soufflet," because it bears, according to him, the strongest resemblance to the noise produced by a bellows when one blows the fire. It is often met with in practice: thus, on placing your ear over the precordial region, in some patients, you hear a very distinct bruit de soufflet whenever the blood passes through the aorta. It is not a sharp clear sound, like that resulting from the shock of the heart against the thoracic parietes, but a prolonged bruit, often degenerating into a continued murmur, which Laennec describes as analogous to that heard on the sea-shore. In short, it is a true souffle, and this word best expresses the idea I would give you of it.

The bruit de soufflet is not confined to the heart alone; and this is one of its characters. In some cases it may be observed in the carotid or subclavian arteries, the most ordinary seat of the phenomena: in others the ventral aorta, or even the crural artery, develops this bruit. Finally, in some rare cases, the whole arterial system is affected at the same time, and this either with or without the presence of an abnormal bruit in the heart itself. Indeed, the bruit de soufflet of the heart has been frequently met with in patients affected by no organic disease whatever of that viscus.

Another characteristic peculiarly distinguishing the bruit de soufflet from all other abnormal sounds is its unsteadiness, or rather its want of permanency. You may find the souffle to-day as loud and distinct as possible; to-morrow, when you examine your patient, no trace of it remains. An example of this may be often seen in plethoric subjects especially: you auscult the region of the heart, and distinguish a loud bruit de soufflet: the plethora, or other circumstances, perhaps, induce you to draw away some blood from the arm; and, on the following day, on again exploring the region of the neck and chest, you find your patient perfectly free from any abnormal bruit.

It is easy enough, Gentlemen, to determine by observation the reality of the facts of which I have just spoken; but it is by no means so easy to account for them in a satisfactory manner: I cannot, therefore, take upon me to explain to you why the bruit de soufflet disappears and returns in the same vessel within a very short period of time, and that without any apparent change in the circulation. Indeed, the whole of this subject has as yet been studied only in a very vague way: and we

shall presently have occasion to see that we know little either of the causes producing the phenomenon spoken of, or of the bruit de soufflet itself.

I said that this sound was not confined to the heart, but was also heard in the larger arteries: I have now to add, that the bruit de soufflet is also found in the arteries of the placenta; and thus becomes a proof, though a secondary one, of pregnancy. If you place your ear on the abdomen of a woman somewhat advanced in pregnancy, you hear a distinct bruit de soufflet parting from the region into which the placenta is inserted; but even here it preserves the character of uncertainty which we have already noticed. LAENNEC mentions the difficulty one sometimes encounters of finding the placental bruit: you have it to-day, and perhaps to-morrow there is no trace of souffle; while the next day it reappears.

This is a fact well known to all who occupy themselves with the practice of midwifery. As to the connexion of this bruit with circumstances of plethora, whether general or local, with contraction of the cardiac orifices, or nervous spasm, according to LAENNEC's ideas,—in a word, as to its immediate cause,—we know very little; we have not as yet sufficient data for determining the precise condition of the vessel in which the bruit de soufflet is heard. Were I permitted to hazard a conjecture (and observe, I pray you, the great distinction I place between suspicion and proof), were I to hazard a suspicion, I should say that the bruit is produced in the parietes of the artery, and is the result of some change in the vessel's diameter; just as you find some of those stuffs made of fine gum-elastic give rise to a species of souffle when the cloth is drawn, and the particles are separated from one another. Remember, Gentlemen, I only give you this as a simple conjecture; and if you find any fact which contradicts it, do not let my authority prevent its immediate rejection. However, I may mention in its favour, that whenever the arteries are affected with chronic inflammation, are ossified, or whenever their elasticity is considerably diminished, the vessel, under those conditions, is incapable of producing the bruit de soufflet.

Let us now turn to another sound, very analogous to the one which we have just described, and arranged under the same head by LAENNEC. It has been long known under the name of "bruit de scie," or, more commonly, "de râpe," from its supposed resemblance to the rough grating sound of a rasp. Although the bruit de râpe is described by LAENNEC as a variety of the bruit de soufflet, the former differs from the latter in this remarkable circumstance, that it is constant; and, moreover, is connected with an organic lesion. Whenever you hear the bruit de râpe, you may be sure that some mechanical obstacle exists to the entry or the exit of blood from the auricles; at least, in every one where the bruit de râpe has existed during life, and whom I had an opportunity of examining after death, I found some obstacle of the nature alluded to. Perhaps the presence of a mechanical hindrance to the blood's passage may give rise to vibrations, and thus produce the sawing sound. But this, Gentlemen, is mere conjecture; for we possess no experiments whatever upon this new and interesting question.

I intended to place an obstacle in the continuity of an elastic tube, which you see here; and then to push a quantity of fluid through it, in order to see whether my idea was at all tenable,—whether this combination of physical conditions would give rise to the bruit de râpe; but the end of our hour is close at hand, and we must therefore defer the experiment until Friday.

The explanations which I have thus attempted to give are, I am sorry to say, Gentlemen, very incomplete and imperfect. Indeed, this imperfection is necessarily connected with the subject which I have taken up, and upon which our physical knowledge is very little advanced. The questions which we have been forced to treat in this lecture, viz., the acoustic phenomena accompanying the passage of a fluid through elastic tubes constantly varying in diameter, and other circumstances, have never been studied by natural philosophers; we are thus compelled to make our experiments ourselves, and to explore our way in an entirely new country; it is not therefore surprising, that in many points our explanations should, as I said, appear unsatisfactory. Perhaps when the science is more advanced in physics we shall be better able to account for many phenomena which are now wrapt in obscurity.

IMPARTIALITY.—An American critic, who is about to extol a native work at the expense of an English work which he is condemning, thus closes his remarks on the latter, which is in its *sixth* edition:—"It is on account of these failings that the work can never obtain extensive circulation, or valued consideration:" and of the American work he says, in the next paragraph, "The estimation in which it is held has been manifested in the most marked manner, by the call for a—*second edition*."

CLINICAL LECTURE ON SURGERY

DELIVERED BY

BARON DUPUYTREN,

During the Session of 1834, *at the*

HOTEL DIEU, PARIS.

Revised (before translation) by the Baron himself in the fasciculi of his "Leçons Orales de Clinique Chirurgicale," published periodically by G. Baillière, Paris.

ON THE LIGATURE OF ARTERIES BETWEEN THE ANEURYSMAL TUMOUR AND THE CAPILLARY VESSELS.

A LIGATURE, Gentlemen, may be placed between the aneurysmal tumour and the heart; this is the method most generally adopted, but there are circumstances in which this mode cannot be employed, because the aneurysm is close to the centre of the circulating system. As in this case the disease would continue its progress in spite of debilitating treatment and refrigerant applications, the only thing left to the surgeon is to place a ligature between the tumour and the capillary vessels.

The idea of this process belongs to BRASDOR, but DESCHAMPS was the first to put it into execution on the living body. He tied the femoral artery below the tumour for an inguinal aneurysm. The disease made rapid progress, and in order to prevent the imminent rupture of the sac and certain death of the patient, DESCHAMPS found himself compelled to open the tumour and tie the vessel above it. The patient died in about eight hours after the operation, in which he lost a considerable quantity of blood. Besides, this was altogether a badly-performed operation, because the surgeon had not only confined in this ligature several muscular fibres, but had passed the needle through the profunda femoris artery. This and the equally unfortunate attempt of ASTLEY COOPER had brought BRASDOR'S method into disrepute, when other operations, practised with a variety of success, attracted again to it the attention of surgeons. It appears beyond doubt, that the unfavourable results of the two first operations depended on the circumstance of some considerable branch having been detached from the main trunk, between the ligature and the aneurysm; hence we are all now agreed upon the point, that the chances of success are most numerous when no branch sufficiently large to keep up the circulation exists between the tumour and the point at which the ligature is applied. This happy result may also be obtained even when some small branches are detached from the space we speak of, because these may be blocked up by the extension of the clot from the aneurysmal sac or trunk of the vessel. The presence of considerable branches capable of opposing the coagulation of blood in the sac, not only renders the operation evidently useless, but may be injurious, and accelerate the progress of the disease In fact, we may readily conceive, that if the fluid propelled by the heart finds below the aneurysm an opening sufficient to admit a certain quantity of blood, it will exercise constant force to dilate that tissue, the effects of which being partially transmitted to the sac, will produce a continued dilatation of its parietes.

The operation of which I now speak is not applicable to recent and diffuse traumatic aneurysms, or to varicose aneurysm, but should be confined to circumscribed aneurysm, whether spontaneous or traumatic, when the cysts are solid. The presence of the epigastric artery either above or below the tumour, is an obstacle to the application of this method in cases of inguinal aneurysm; that vessel should, therefore, be tied whenever we attempt BRASDOR'S operation on this part of the portion of the vessel. If we examine the facts favourable to this method, we shall find, that in five cases of ligature, where no arterial branch arose between the sac and point tied, three cases have been completely cured, while, under opposite conditions, i.e., when these vessels exist, the greater part of the aneurysm, and particularly those in the iliac fossa and groin, have not been arrested in the least; in some few cases the march of the disease has been retarded and modified for several months, and even for two years. The following case, although not attended with success, deserves to fix your attention, because the patient's death was not attributable to the operation, but more probably to a vigorous antiphlogistic treatment, warranted by the general symptoms of reaction which set in.

CASE.—*Aneurysm of the Subclavian Artery.—Ligature of the Axillary; Death from Excessive Depletion; Autopsy.*

Charlemagne Paris, forty years of age, of good constitution, and for a long time having enjoyed excellent health, was attacked, six months after some violent exertion, with pain above the right shoulder. He discontinued his work, and on the third day perceived a pulsating tumour

above the clavicle, about the size of one's thumb. During two months a surgeon, who perfectly recognised the nature of the disease, prescribed the application of ice to the tumour, put the patient upon strict diet, and bled him three times. The tumour was reduced to the size of a small bean, when he resumed his usual occupation: for three weeks it remained stationary, but after this time rapidly increased, and rendered the motion of the arm every day more difficult. The patient was content with remaining quiet, and received no treatment until his entry into the *Hotel Dieu* on the 28th May 1829.

Upon examination, we found a large projecting tumour occupying the inferior part of the neck, and resting upon the clavicle, which it covered a little in front, without seeming to dip down behind it. The tumour commenced about a quarter of an inch from the right sterno-clavicular articulation and the trachea, and extended as far as the inner edge of the trapezius muscle; its vertical diameter was two inches and a half, the transverse nearly three inches and a half; the integuments preserved their natural colour. The circumference of the tumour was irregular, extending more upwards and inwards, when it approached the cricoid cartilage, than downwards and outwards; its limits could be accurately defined by the touch. Strong superficial pulsations, isochronous with the pulse, were felt in every point of the swelling. When the ear or the stethoscope was applied, we heard but simple pulsations. The whole mass of the aneurysm was, clearly, elevated and lowered to the eye; moderate pressure, without producing any pain, diminished the size of the tumour, which was hard to the touch. On examining the neighbouring parts, we established the following circumstances:—When the carotid was sought, near its bifurcation, on the inner side of the tumour, it was easily found; but in tracing it down towards its origin we found considerable difficulty, from the position and pulsations of the tumour; however, on depressing strongly the integuments in the direction of the artery, while the tumour was pushed a little to the outer side, the carotid artery was distinctly felt, and the more readily, as the vessel presented a well-marked thrilling sensation, which contrasted strongly with the pulsations of the aneurysmal sac. In continuing the examination near the upper part of the sternum, the eye and finger easily perceived pulsations furnished by a large arterial trunk, situate partly in front and to the right of the trachea. When the stethoscope was placed on this vessel, we could distinctly hear a slight bruit de souffle; it is probable that this vessel was the innominata. The pulsations of the axillary artery, and its branches on the right side, did not present any difference from those on the left; but the right arm was œdematous, and numbed; the hand was demiflexed, and motion nearly lost; the temperature of the limb was natural. Auscultation and percussion announced that the lungs were healthy. The pulsation of the heart was natural, but strong and sonorous; besides, the patient assured us that he never had experienced palpitation, or any other sign characteristic of a lesion of the circulatory organs. The cerebral and digestive functions were unaffected.

During the first fifteen days he was bled twice, which seemed to weaken the patient considerably. Goulard's lotion, with ice, was constantly applied to the tumour, and he took nothing but tizans. In spite of this treatment the tumour increased sensibly, and the necessity of a speedy operation became manifest. I had been convinced, by previous trials, of the little good to be derived from Valsalva's method; the ligature therefore remained, but where was it to be applied? Between the tumour and the heart? It was extremely difficult, not to say impossible, to determine the precise point of the subclavian artery, from which the tumour arose; the innominata might even be affected; the strong pulsations, which we heard behind the sterno-clavicular articulation, gave rise to some fear on that head. Even if we were certain of the healthy condition of this vessel, the operations of Mott of New York, and Graefe at Berlin, were not sufficiently successful to inspire much confidence in this bold method. The difficulty of tying the artery between the sac and the heart, the still greater difficulty of the old method, and the probable inefficiency of the palliative plan, reduced us to the necessity of taking up the vessel between the tumour and the capillaries, as the last resource of the art.

The patient being placed on his back, with the right arm separated from the trunk, an incision was made, commencing near the inner extremity of the clavicle, and extending outwards for about three inches, nearly parallel to that bone, and an inch or so below it; the fibres of the great pectoral, the arteries and veins in this region, and the upper third of the small pectoral muscle, were divided successively. When we came down upon the artery, we found that the sac projected a little beyond the clavicle, but this did not prevent us from isolating the subclavian artery from its vein, and the nerves which

compose the brachial plexus. A ligature, composed of three threads, was passed under the vessel with a curved needle, and when it was drawn tight the patient experienced no pain.

During the course of the operation, which lasted thirty-five minutes, a few arterial trunks were frequently divided, which compelled us to apply about ten ligatures. Immediately the main ligature was tied, the pulsations of the tumour became more strong, but after some time settled into their usual force. The wound was dressed simply; the ice and solution of acetate of lead were continued. A calming draught, containing a grain of the extract of opium, was prescribed for the night. Ten hours after the operation the pulse beat 87, and was strong. The patient was bled to one pallet.

On the 13th (the day after the operation) the patient was weak, and complained of uneasiness and want of sleep. The pulsations of the tumour have not diminished; pulse 76; the heat of the arm is natural, though no circulation can be felt in it. In the evening the pulse was 96; the want of sleep and nausea had disappeared; the limb was in the same state; the tremor had sensibly diminished; and the pulsations still existed, but were less strong.

16. The patient has slept; pulse 80; the tumour is manifestly smaller, and the pulsations are diminished; the respiration is free; patient feels a good deal of thirst; he has had one stool since the operation.

17. In the morning, the tumour and arm are in the same state; the wound is dressed for the first time; the dressings contain some red-coloured blood and clots. Patient was again bled to 16 ounces. In the evening we found the dressing soaked in vermilion-coloured blood, which readily coagulates. The pulse is quick; the face pale and anxious. The patient was now bled again to twenty ounces; refrigerants and ice were applied to the wound. At ten o'clock some blood began to dribble from the wound; and at half-past eleven two pallets of blood were taken away by venesection.

On the 18th, at four o'clock in the morning, a slight oozing of blood took place, and was soon arrested by compression. The patient is pale, extremely feeble; the quantity of blood lost during the hemorrhages was estimated at six ounces; the respiration is troubled; he has a dry cough, thirst, nausea; no stool; the pulsations of the tumour are as strong as ever. The wound is again dressed with ice; the heat of the arm is natural.

19. The patient's countenance is very pale; the pulse frequent; he is very weak; the pulsation is much diminished in the external part of the tumour. He is bled again to eight ounces. In the evening the cough is less frequent, and he had some sleep; he felt himself much better, and took a few spoonfuls of broth. On the 20th the state of weakness was considerably increased, and the patient lay in a state of constant drowsiness; the pulse was more frequent. In the evening some delirium came on, with excessive thirst; the extremities became cold; the patient was agitated with low delirium during the night, and expired in a state of great prostration at ten o'clock in the morning.

Autopsy thirty-six hours after Death.—The body was much emaciated; the right arm livid and œdematous; the epidermis detached in various points, and the tips of the fingers black. The cavity of the pleuræ contained some bloody fluid; the anterior portion of the lungs was healthy; the posterior portion of the right lung hepatized, and covered by some patches of false membrane, recently formed. The heart, extremely voluminous, was flaccid; the ventricles were much dilated; the parietes thinned and softened. The aorta was extremely dilated at its origin, and this dilatation extended, in a slighter degree, as far as the diaphragm, where the caliber of the vessel was normal. The internal surface presented various cartilaginous patches of a deep-red colour, and, in many parts, osseous spots; the inner membrane, moreover, was eroded in several points. The innominata presented the same lesions; it was equally dilated through its whole extent, as was the vessel which stretched across the trachea, where it furnished the carotid artery; this latter vessel was healthy. The subclavian, dilated immediately at its origin, formed the aneurysmal sac; the tumours occupied the space which is left above the clavicle, and had destroyed almost all the first rib. On the outer side it covered the brachial plexus of nerves, and on the inner was itself covered by the clavicular portion of the sterno-cleido-mastoideus, and the omo-hyoid and scalenus anticus muscles, which adhered closely to the walls of the sac. This latter muscle presented a strong obstacle to the development of the tumour towards the heart; the parietes of the sac were thick and strong in front, and on both sides; but below, the pleura alone formed the wall. The aneurysmal cavity contained a recent clot of blood, which did not adhere to the parietes; in front it was lined by some fibrinous layers; we could not distinguish in it any trace of the arterial membranes. The vertebral internal mammary and in-

ferior thyroid arteries were all obliterated, a circumstance worthy of particular notice. The axillary artery was healthy at the point where the ligature was applied, and contained a small clot of blood above that point. The ligature had not completely divided the internal membrane. The rest of the arterial system was healthy. The nervous system was not examined.

Remarks.—It is now our duty, Gentlemen, to examine the cause of this patient's death with all the attention and impartiality which the subject requires.

We have seen that the pulsations became extremely strong after the application of the ligature, nevertheless the sac did not give way, although its parietes were excessively thin in some parts, and two days after the operation the pulsations had diminished in a very remarkable degree. Thus the tumour did not furnish any alarming symptom. The patient went on pretty well until the fifth day, when a hemorrhage set in, which, though inconsiderable in itself, caused much anxiety to both patient and surgeon; the cause of this accident remains unknown to us. Some thought the blood came from the sac, or from the axillary artery, but it seems more probable that it was furnished by vessels of a small caliber; however, the autopsy did not decide the question in any positive manner. Paris, weakened by the repeated venesection and low diet, was still more reduced after the discharge of blood from the wound; nevertheless, as we feared a repetition of the hemorrhage, ice was applied, and the patient was bled three times in the course of the same day; it is by no means improbable that this frequent detraction of blood was injurious, for the coagulating power of the blood is diminished in proportion as that fluid is removed from the economy; the same circumstance was likely to render the secondary hemorrhage easy, and it reduced the strength of the patient to such a degree, that he was unable to support the loss of even a very small quantity of the vital fluid. The increased frequency of the pulse on the 7th, induced us to take away about eight ounces of blood again. On the whole, after having examined this case with the greatest attention, I am induced to believe that the frequent bleedings, practised at such short intervals, had reduced this patient to such a state of anæmia and feebleness, that the slightest accident was sufficient to bring him to the grave.

It was to be feared that the existence of large branches, furnished by the subclavian beyond the tumour, might be an obstacle to the success of the operation; but the autopsy showed that all those branches were obliterated, a thing which frequently happens when an aneurysm has acquired a certain volume, and is placed in such a way as to compress the vessels; however, though we cannot assure ourselves that the vessels furnished by an artery at the point where it is affected with aneurysm, are not obliterated, their presence should not contra-indicate the application of the ligature between the tumour and the capillaries. We have seen, in the detailed account given of the autopsy, that the innominata, although very large, was healthy; perhaps then it might have been tied in the present instance; but we have already remarked that two previous operations of this kind were unsuccessful; a third, lately performed in this city, was equally fatal, the patient died of hemorrhage; these reverses are discouraging; but it is only justice to say, that the ligature of the innominata requires some more trials before we can pass any judgment on its merits or disadvantages.

ANEURYSMS WHICH COMPLICATE FRACTURES AND GUN-SHOT WOUNDS.—*Their Treatment by Hunter's Method.*

Amongst the causes which give rise to the development of fractures, there are two which have scarcely been mentioned even by the most intelligent surgeons, I mean fractures and gun-shot wounds. We can readily conceive how the splinter of a bone, how a ball or other projectile from a cannon, may give rise to an aneurysm, by either destroying suddenly the parietes of a vessel, or occasioning some chronic lesion. It would even appear that this species of aneurysm frequently occurs, when we reflect on the multitude and infinite variety of fractures and gun-shot wounds; however, you will find very few examples indeed, of this kind, in authors, either because they are in fact rare, or what is more probable, because in this case, as in many others, the attention must be roused and excited before it takes notice of even the most ordinary occurrence. PETIT, in his treatise on the diseases of bones, reports only one example. Since the time of that surgeon, all who have written on diseases of bones have not failed, on his authority, to enumerate aneurysm as a complication of fracture; but, strange to say, no writer gives an example of it; the work of M. BOYER contains only the fact which I communicated to him fifteen years ago.

Yet examples of this kind, Gentlemen, are by no means rare; since the year 1806 I have observed a good number of

them; perhaps practitioners and authors have not given more attention to this dangerous complication of fractures in gun-shot wounds, because they have supposed it to be beyond the ordinary resources of our art. They are all agreed on one point, viz., to amputate the limb under these circumstances; nevertheless, out of three operations practised in my presence by my predecessor, only one was attended with success. A similar result followed operations performed in other places: this was extremely discouraging, and induced me to seek another method of treating this species of aneurysm.

The following cases will serve sufficiently to explain my opinions, and the nature of the process which I thought it right to adopt.

Case 1.—Marie Barbe, sixty-two years of age, enjoying good health, while running in the street on the 2nd of January 1809, missed her footing and fell down; she immediately experienced violent pain, accompanied by a sensation of cracking in the left leg. The woman was unable to get up, and was carried home, where she passed the night; in the morning she was brought to the *Hotel Dieu*, and I soon recognised a fracture of both bones of the leg at their lower third. The fracture was oblique, and accompanied with displacement of the fragments, deformity of the limb, tumefaction, and excessive tension of the soft parts; here I saw nothing uncommon, or not to be expected in this kind of fracture, but on seizing the two extremities of the limb, I perceived behind, in the substance of the calf of the leg, powerful and extensive pulsations. The motion was perceptible to the eye as well as to the touch, and was perfectly isochronous with the pulse; pressure exercised on the femoral artery suspended the pulsation, which recurred as soon as the pressure was removed.

There existed, then, an aneurysm, caused either at the moment of the fall, or while the patient was being carried to the hospital, by some of the splinters of the fractured bone. If we were to judge by the seat of the tumour, it was the inferior fragment of the tibia, which could be felt behind in the body of the muscles, and the injured vessel was, to all appearance, the posterior tibial artery, or some of its branches. The case was excessively dangerous, whether we considered the advanced age of the patient, or the nature and complication of her injury. A suitable dressing was applied, and I availed myself of the interval between the morning and evening visits to consider what course we should adopt. Amputation of the thigh presented, it is true, a simple means of settling the question; but beside the gravity and danger of the operation, we had to reflect that it had not been successful when performed under circumstances to all appearance similar. The ligature of the femoral appeared to me preferable to amputation; the ligature would arrest the escape of the blood, put an end to the pulsations of the tumour, and give time for the closure of the torn end of the vessel; besides, it avoided the dangers which might arise from exposing to the contact of the air (and the consequent inflammation and suppuration), arteries, lacerated soft parts, extravasated blood, &c.

The vessel was taken up, accordingly, at the middle of the thigh; the first incision exposed the artery; a second opened the sheath by which it is covered, and exposed it in the bottom of the wound; a needle-headed stylet was passed underneath it, avoiding the accompanying nerves and vein, and a triple thread was placed round the artery: when this was drawn tight, the pulsations of the tumour ceased: the wound was dressed in a simple manner, and the proper dressings were continued on the fractured part. The moment which was to decide the patient's fate was arrived. On the fifth day the heat and sensibility of the limb had not been for a moment altered; the circulation was continued, as we could both see and feel the collateral arteries round the knee, developed and carrying the blood to the inferior portion of the vessel. In about six days the volume of the tumour was reduced one third, and it continued to diminish every day, until at length it totally disappeared. The ligature came away on the fifteenth day, and the wound was healed in less than six weeks. Some scorbutic spots, which appeared on the leg, gave rise to the apprehension of gangrene, but they soon yielded to a suitable treatment; however, a true eschar formed on the heel, in consequence of the weight of the limb bearing on that point; it was detached, and the sore healed readily. While the state of the soft parts gave rise to encouraging hopes, nature applied herself to the consolidation of the bones, but this was a slow process, either from the obliquity of the fracture, the presence of blood round the fractured ends, or, perhaps, because the ligature had weakened the force of nutrition, by impeding the free circulation of fluid. In fact, the callus was scarcely put down in any quantity at the end of the first month; at the end of the second it offered very little consistence, and did not seem perfectly solid before the end of four months. At this period the patient commenced attempting to walk, and was soon able to leave the hospital,

perfectly cured of her fracture and her aneurysm: during fifteen years we have seen her enjoy excellent health.

Case 2.—I might add to this case, one which you had lately before your eyes: the patient had a comminuted fracture, with protrusion of several fragments. Hemorrhage frequently took place through the external wound, without our being able to ascertain whence the blood came. I took up the femoral artery as in the former case, the hemorrhage ceased, and the patient was cured.

I now proceed to prove to you, Gentlemen, that gunshot-wounds, complicated with aneurysm, do not require amputation any more than fractures under the same circumstances, and that they may be cured by ligature of the principal artery of the limb. Let us justify this opinion by facts.

Case 3.—M. De Gombaut, aide-de-camp to one of our most distinguished generals, was struck on the 10th of February, 1818, by a bullet from a horse-pistol, which traversed the upper part of the right leg, from before backwards and inwards, passing between the tibia and fibula, the latter of which it slightly injured. An excessively violent hemorrhage set in at once. A young surgeon, who was present on the field, ran up and found the blood flowing freely from both orifices of the wound. The case was at once most embarrassing and severe; pressure applied on both openings of the wound sufficed to restrain the bleeding, and the patient was immediately carried home. The leg became swollen and excessively painful, to which succeeded a distressing sensation of numbness. However, the vital action was sustained in the limb; no hemorrhage supervened, but an aneurysmal tumour became developed, and from day to day acquired fresh size. In spite of the employment of a compressive bandage and Petit's tourniquet, an hemorrhage came on on the thirteenth day after the wound. It occurred again in a few days, and reduced the patient to an excessive degree of weakness.

It was at this period that I was invited to see the patient. The foot and leg were violet-coloured, swollen, cold, and numbed. At the upper part of the leg we observed a tense swelling, accompanied with pulsations isochronous with the pulsations of the heart. This tumour was penetrated by two openings, with narrow irregular edges, one situate on the anterior part of the leg, close to the fibula, the other posteriorly, on the inner edge of the calf; each of these orifices had been, since a few hours, closed by a clot of blood, which every pulsation moved, and threatened to detach. After this examination, there could be no doubt of the destruction of some of the large vessels near the ham. The case was urgent. After having maturely weighed the advantages and inconveniences of seeking and taking up the extremities of the divided vessel; of amputation, which had always been attended in such cases with no inconsiderable risk of life; and, moreover, being encouraged by the success which I had obtained in the case of Marie Barbe, I proposed the ligature of the femoral artery. This measure was acceded to by the other surgeons in consultation.

I made an incision, three inches in length, on the inner side of the sartorius muscle, in the middle of the thigh, exposed and took up the femoral artery. The pulsations of the tumour immediately disappeared. The edges of the wound were brought into contact with strips of adhesive plaster. The limb, demiflexed and placed on its outer side, was supported by a pillow. The orifices made by the bullet were closed with charpie, and the aneurysmal tumour was enveloped in lint, moistened with a solution of acetate of lead; the rest of the limb was kept warm. The heat, sensibility, and power of motion, were not suspended or altered for a moment. The treatment consisted in the prescription of some antispasmodic draught to calm the nervous state of the patient, and of strict diet, to prevent inflammatory accidents. The tumour was constantly covered with cloths dipped in cold lotion; the foot and leg were kept warm; and, finally, the wound was dressed night and morning, care being taken to remove any pus or blood which were collected in the neighbourhood. By these means the patient was preserved in a favourable condition up to the 20th day, when the ligature came away; and in about six weeks all the wounds were completely cicatrized, though the limb remained slightly numbed, bluish, and swollen, up to the calf. By degrees these symptoms disappeared, and in three months M. De Gombaut walked as well as he did before his accident. The ligature, by suspending the course of the blood in the divided vessel, gave the time necessary for inflammation to close the wound in the artery, and to render its extremities impermeable to the blood which the neighbouring anastomotic branches might bring to it.

If we are to judge by analogy, the obliteration should be more easy and certain after gun-shot wounds than any other, for we know that one of the most remarkable effects is to bruise the orifices of the vessels, to coagulate the blood in their ex-

tremities, and to render them impermeable to that fluid. Since the case of M. Gombaut, other facts have confirmed the ideas which directed the treatment of that officer; it has been asserted, it is true, and particularly in foreign countries, that this method is not applicable to false primitive aneurysms, whatever may be the situation of the artery, because, they say, the manner in which the inferior orifice of the artery heals, differs from that of the superior. According to those surgeons the inferior orifice contracts with less force; the contraction is not so permanent, and less coagulum is formed: joining example to precept, they have not hesitated to cut through the mass of muscles covering the upper part of the artery in the fore-arm, and have applied a ligature to the fibular artery, through the muscles which form the calf of the leg. Without wishing to diminish the merit of similar attempts, we will content ourselves with observing, in the first place, with respect to the case of M. Gombaut, that it was impossible to know whether the ball had injured the anterior tibial, or the posterior tibial artery, the fibular, the termination of the popliteal artery, or even several of those vessels at the same time. In the second place we had no data to determine at what height the injured point lay, as the wound was oblique. Thus, even if we had not taken into account the deep situation of these vessels, and their relation to muscles, bones, and nerves, the ligature of both ends was impracticable.

To sum up in a few words, I think that when the artery of a limb has been injured by a splinter of a bone in fracture, or by a gunshot wound, the ligature of the principal artery between the injured point and the heart, ought to be substituted for the ligature of the two ends of the vessel, which is often impracticable, and for amputation, which has hitherto been regarded as the only resource in this species of injury.

Opium Eating.—Dr. Strohmayer, during the Turkish war, knew a wounded officer who daily took two drachms of opium to produce sleep. Beruts mentions a woman who was wounded in the pubic region, who often took 200 grains a day, and who in 33 years had used 200 pounds weight of opium.—Schlegel has published the case of a female, ætat 49, who, for six years daily took more than 300 grains. At the age of seventy she died.

CLINICAL MEDICINE.

LECTURES

DELIVERED AT THE

NORTH LONDON HOSPITAL,

BY

A. T. THOMSON, M.D.,

Physician to the Hospital, and Professor of Materia Medica in the University of London.

LECTURE XI.

ACUTE GASTRITIS, WITH HYSTERICAL SYMPTOMS.

A case of gastritis, of much interest, because it proves the advantage of refraining from the administration of medicines by the mouth in that disease, was admitted on the 22nd of January. The patient, Isabella Sylvester, thirty-three years of age, a married woman, stated that she had always suffered from a delicate constitution, but had never been afflicted by any severe disease, until she was seized with that which brought her into the hospital. She said that she was attacked, a week before her admission, with vertigo, and that she fell from her seat. Soon afterwards she experienced a sensation of burning at the epigastrium, ascending the œsophagus to the throat, and accompanied with a severe pain in the forehead, which continued at the time she was detailing the particulars of her case. On examining the patient, there was evidently great tenderness on the slightest pressure over the epigastrium and abdomen generally, the tongue was of a high scarlet colour, and partially covered with a white fur; the stomach rejected every thing, even the most simple, that was swallowed, and the bowels were costive. The detail of these symptoms induced me to regard the complaint as *acute gastritis*, a disease of rare occurrence, except in cases of poisoning; but, at the same time, the general abdominal tenderness led me to suspect that the inflammation extended beyond the stomach, or that it was of that mixed character which the French term gastro-enteric. The pulse did not exceed 96, and small, unequal, and contracted, with that sharp beat which frequently characterizes visceral inflammation. The features of the poor woman were expressive of great uneasiness and anxiety; and although the stomach did not retain the smallest quantity of the mildest fluid, yet she was greatly distressed by thirst. There was evidently much prostration of strength, a

symptom by no means uncommon in gastro-intestinal inflammation. She was ordered to be bled largely; a blister was applied over the epigastric region, and a pill containing gr. ij of calomel was directed to be administered every second hour. On the following day (January 23rd) she stated that she had experienced some relief from the bleeding, but none of the pills had remained longer than a few seconds in the stomach, which still rejected the mildest fluids. The blister had not risen. The tongue retained nearly the same condition as yesterday, except that it was redder at the edges. The bowels had acted once. She complained to-day of that peculiar sensation which has been termed globus hystericus, and which has been, with much probability, supposed to depend on spasmodic stricture of the cardia, extending to the œsophagus.

It is of great importance to be aware of the tendency of gastro-intestinal inflammation, to be accompanied with hysterical symptoms, as, otherwise, the original disease may be overlooked, and much mischief result from the administration of stimulants. In our patient there is not merely the globus hystericus, but extreme susceptibility of impression on the surface, another symptom of hysteria which might readily mislead the inexperienced practitioner in forming his diagnosis, especially as real hysteria is often accompanied by great irritability of the stomach; but in that case the recurrence of vomiting does not always follow the introduction of mild food into the organ. In hysteria, also, this irritable condition of the stomach is always more or less attended with depraved appetite and craving for particular, generally hurtful, articles of food, as well as with great depression of spirits and proneness to tears, which is not the case in gastritis accompanied with hysterical symptoms. Another blister was ordered, and the patient was directed to take three tablespoonfuls of the following mixture every fourth hour.

℞ *Hydrocyanici Acidi* ℳxij; *Acaciæ Mucilaginis*; *Olivæ Olei* aa f.℥j; *Aquæ Distillatæ* f.℥vj. Misce.

Jan. 25th. Nothing had remained on the stomach; the pain was augmented; the patient complained of headach, and there was slight subsultus, but the pulse remained nearly as before, and the bowels had again acted. The blister had scarcely risen. I hesitated whether any more medicine ought to be administered by the mouth; but at length, having resolved to make one more attempt to allay the irritability of the digestive organ, I directed that two grains of calomel, uncombined with any other substance, should be given every fourth hour.

26. She stated that the pain was easier, and she had vomited once only since she took the powders. The appearance of the tongue was improved, and the bowels had again acted. No new medicines were ordered, but she was desired to continue the powders.

27. The abdominal pain and tenderness were to-day greater than ever; powders and everything, even a mouthful of water, were rejected by vomiting immediately after being swallowed. The bowels were confined. Twelve leeches were directed to be applied on the epigastrium, an enema to be administered, and the following embrocation, made warm, to be rubbed on the abdomen.

R. *Opii Tincturæ* f.℥iv; *Terebinthinæ Olei* f.℥jss. Misce.

30. The pain was abated, but there was still much tenderness on pressure; indeed the tenderness is felt to-day over every part of the body. The globus hystericus has been very frequent, and she cries and laughs alternately without any motive. Twelve more leeches were applied. Since this period no more medicine has been administered by the mouth, except that, three days ago, the house apothecary ventured to give her a dose of kreosote, under the impression that the disease was hysteria, which seemed to quiet the hysterical symptoms.

Feb. 10. She is nearly in a convalescent state; the leeches have been several times applied, and the embrocation has been used. She has continued daily amending since the 1st of this month, and has lost all the pains and tenderness; the tongue is clean and natural, and she retains upon the stomach everything that she takes, and has a craving for food.

11. The vomiting and tenderness of the epigastrium have returned, and the stomach again rejects even the mildest nutriment. I attribute this to an augmented dose of kreosote. It was ordered to be altogether discontinued, and the leeches again applied to the epigastrium. No internal medicine was ordered.

Now this case is not only highly interesting, but it is full of instruction. The diagnosis was difficult; but I have no hesitation in pronouncing the disease *gastritis*, with inflammation of the erythematic kind, chiefly from the appearance of the tongue; although some writers, particularly ANDRAL and LOUIS, deny that the tongue indicates the condition of the stomach in this disease. ANDRAL affirms that there is no modification of the tongue that corresponds with a spe-

cial modification of the stomach, that a morbid condition of the stomach is compatible with a healthy state of the tongue, and a healthy condition of the stomach, with a diseased aspect of the tongue These remarks are directly opposed to my experience in idiopathic cases of this disease; indeed, I have never seen an instance of irritable stomach, even when symptomatic of other diseases, in which the tongue did not bear testimony of the condition of the stomach. I have had occasion frequently to point this out to you, Gentlemen, in the phthisical cases, which have so much of late excited our attention. In making this remark, however, I must not be understood as asserting that the tongue is always loaded or foul in a morbid state of the stomach; a red and glazed tongue may be perfectly clean. We have a striking instance of this at present in the hospital, in an old woman who is labouring under partial paraplegia. The papillæ of the tongue seem to have run into one, the whole surface of the organ is glazed and lobulated, and although it is moist, yet the colour is somewhat of a livid red. In commenting, however, upon the opinion of ANDRAL and LOUIS, which I have noticed, I must in candour admit that it is assuredly not impossible, that a healthy appearance of the tongue may exist with a seriously diseased stomach, but not in acute gastritis.

Notwithstanding the appearance of the globus hystericus in this case, and the great susceptibility of the surface, the nervous symptoms are by no means either so considerable or so varied as is occasionally seen in gastritis; and one symptom frequently connected with the hysterical spasm of the œsophagus, namely, hiccup, has not been at any time present. When this symptom presents itself, the prostration of strength is alarming, the bowels are obstinately confined, and the prognosis is always doubtful. There are also other sympathetic affections indicative of a morbid condition of the cerebro-spinal centres; and when these are severe, we frequently find that inflammation of the brain is present, and operating like counter-irritation, the severity of the intestinal symptoms is relieved, although they still continue. Sometimes cough supervenes, and when there is a predisposition to tubercular disease, real phthisis may be induced. In general the fever assumes the typhoid type, but sometimes it assumes the remittent, and occasionally, although rarely, the intermittent character; and it is important to distinguish between an intermittent, accompanied by gastritic symptoms, and gastritis, in which the fever has assumed a periodic type.

The most distressing symptom, and the most intractable, is the vomiting; in some cases merely the ingesta are rejected, and the vomiting recurs only after taking food; this is the case in the instance before us. The most unirritating substances have caused vomiting, which generally afforded temporary relief, and it did not recur until food was again taken into the stomach. It does not often, although occasionally it happens, that hæmatemesis attends this disease; in our patient no trace of blood has appeared at any time in the vomited matter. A constipated state of the bowels is more frequently attendant on chronic than on acute gastritis.

With regard to the treatment, you have seen that the internal remedies that were prescribed were useless, inasmuch as they were immediately rejected by the stomach, and that everything, the most bland and unirritating, caused vomiting and pain, consequently no medicinal agent could be administered by the mouth with a rational prospect of benefit. Nevertheless, it was requisite that the inflammation should be subdued, and the only question was, whether local or general bleeding was likely to be the most salutary. In determining such a question, much depends upon the habit of the patient and the state of the pulse; if the person be plethoric and robust, and the pulse firm and resisting, the use of the lancet may be resorted to with advantage; but when the opposite condition of habit and state of pulse is present, as in our patient, then cupping or leeching is to be employed; I prefer the latter. If either be used, the application should be to the epigastrium, and frequently repeated. The relief, as in the case before us, is generally rapidly produced; and it is a curious fact, that although the inflamed surface is further removed from the sphere of the influence of the leeches than in peritoneal inflammation, yet more benefit is derived from half the number of leeches than in that disease. It has been recommended to maintain the bleeding, after the leeches fall off, by cupping-glasses; but the pressure of the glasses is, in my opinion, a great objection to this practice, and is indeed one reason why I prefer leeches to cupping in gastritis. Even the weight of a large poultice applied to keep up the bleeding is often very distressing to the patient. The bowels, in our case, fortunately required little attention; but as in general they are confined, you should be aware that the mildest enemas are adequate to their relief, which should never be attempted by purgatives. Blisters are

sometimes employed in gastritis, but I have generally seen the embrocation formed of the oil of turpentine and opium more beneficial; I was induced to try it, from having observed its efficacy in peritonitis, and it has hitherto fully answered my expectations. It seems to operate as a counter-irritant, at the same time that the soothing influence of the opium is extended to the entire system.

I think it necessary to defend one part of the treatment in this case, which might with some propriety be condemned; I refer to the administration of calomel, which is generally regarded as hurtful when directly applied to an inflamed surface, such as exists in acute gastritis. I was fully aware of the fact: but, from the decided advantage derived from calomel in typhus, when the tongue indicates a condition of the gastro-intestinal surface very similar to that which occurs in gastritis; and, from having, in two cases in private practice, seen it excite ptyalism, and recovery rapidly follow, I was willing again to try it in this case. I am satisfied that we should have obtained our point sooner had it not been employed; and, indeed, if we reason on the pathology of the disease, it is at least probable that, were it even to do no harm, little benefit could be anticipated from it, as no absorption can take place from an inflamed surface. I do not think that, in the instance before us, any harm was done by the calomel; but, certainly, time was lost; and I am anxious, in making this acknowledgment, that you should profit by my mistakes as well as by the fruits of my experience.

In the detail of the case, I have mentioned that creosote was administered with apparent benefit three days ago, and since that time daily until to-day. The inflammatory symptoms were, at the time, subdued, and I believe that it was ordered by the house apothecary, under the idea of relieving the hysterical symptoms that still displayed themselves, in a slight degree. You have heard that during the progress of the disease, symptoms of hysteria were experienced by our patient; and these are often the most distressing of the minor symptoms of gastritis. The globus hystericus is undoubtedly spasmodic; and, consequently, it was likely to yield to such a stimulant narcotic as the creosote; but, it is important not to allow the relief in this instance to mislead you into an opinion that it may be given with impunity for removing these hysterical symptoms during the continuance of the active period of the disease. Nothing would prove more injurious, in my opinion, than a dose of creosote, during the inflammatory stage of the disease; and there is much reason for thinking that it has again renewed the inflammation of the gastric surface. The only method of relieving the hysterical symptoms, in acute gastritis, is to remove the diseased condition of the stomach.

Perhaps as much attention is required in the convalescence from gastritis, as during the continuance of the disease, for although the inflammation be subdued, a degree of morbid sensibility remains, during which an error even in diet might be productive of the most serious mischief: indeed, besides the strictest attention in confining the diet to the farinacea and light animal decoctions, such as beef tea, and broths, it is often essential to maintain some degree of counter-irritation on the epigastrium, which is best done by the emplastrum calfaciens, with a more moderate proportion than usual of the cantharides plaster. It may not perhaps be out of place here, to notice the beneficial influence of this plaster in many dyspeptic affections, which are more frequently the consequence of a subacute inflammatory condition of the gastric surface than of debility of the digestive organ; and in which tonics, aromatics, and a restricted animal diet, tend only to increase the evil.

Hepatic Abscess.—*Treatment by seton.* — The case of hepatic abscess, in the woman Burgin (*vide* page 672), is nearly in the same state in which it was when admitted, except that the general condition of the patient is improved. The pain of the side is still very severe, and the cough continues: but neither in the sputa, nor in the alvine discharges, are any traces of blood or of purulent matter discernible. The patient affirms that she is sensible of the passage of the contents of the stomach through the duodenum, from the pain always excited a short time after any food has been taken. With the view of aiding the cicatrization of the abscess, I have had a seton introduced over the seat of pain in the right hypochondrium. She continues the use of the nitric acid and sulphate of magnesia, with a narcotic at bed-time. I am not aware that any other plan of treatment can be adopted; the case being one of those in which it is requisite to confide much to the powers of Nature; and rather to support the system, and to palliate untoward symptoms as they appear, than to attempt any decided plan of cure.

HYPERTROPHY OF THE LIVER.

Another case of hepatic disease was admitted on the 5th of this month, involved in more obscurity that that of Maria Burgin. The name of the patient is

William Hoare, a house-painter, aged 25. Some months ago he was attacked with pain of the right hypochondrium, extending to the lower part of the abdomen, and occasionally accompanied with pain in the shoulder of the same side, and the discharge of a quantity of black, viscid matter, by stool. On examining the patient, the liver is evidently hypertrophied, the protrusion being both epigastral and lateral. He complains of a sense of great weight and numbness when he lies on the left side. There is not much pain on pressure over the hepatic region; there is no jaundiced appearance either in the eye or on the skin; the bowels are irregular; the pulse is 80, and rather sharp; the tongue slightly furred; and the urine scanty, but not high-coloured. None of the viscid black matter has been passed by stool for three weeks. With the view of relieving congestion in the diseased organ, he was ordered to be cupped on the epigastrium, and a large blister applied afterwards on the same spot. Alterative doses of blue pill, with the decoction of taraxacum, and bitartrate of potassa, were also ordered to be taken twice a day. On the third day after the commencement of this plan of treatment, he complained much of griping and uneasiness in the bowels; was purged, and some blood appeared in the stool. Under these circumstances the use of the medicines was discontinued; and he was ordered the hydriodate of potassa, in doses of three grains, three times a day. A few days will determine whether it will be advisable to continue this plan.

In this case, as in all cases of hypertrophy of the liver, it is impossible, during the life of the individual, to ascertain which of the tissues is suffering from the morbid excess of nutriment; but from the nature of the black viscid matter occasionally passed, there is some reason for supposing that it is the vascular portion. The knowledge, however, of the affected tissue, would not materially alter the practice; and there is none more likely to prove beneficial than the continued administration of some preparation of iodine; and the influence of this remedy on other hypertrophied glandular organs justifies the reliance which I am disposed to place upon its utility in this case. The portal circulation seems, indeed, to be generally deranged; and, from the tension of the abdomen, with a slight indication of fluctuation there, it is highly probable that some effusion has already taken place into the serous cavity. I have particularly taken this into view in prescribing, as I wish to ascertain how far the hydriodate of potassa is likely to operate beneficially in ascites. I mention this case more with a view of directing your attention to the progress and effects of the treatment, than from any other motive. I shall take another opportunity of explaining to you clearly my views respecting the nature of the disease.

SEVERE CASE OF LEPRA SUCCESSFULLY TREATED.

Another case of lepra, Gentlemen, of a very severe kind, has afforded you an opportunity of observing the beneficial effects of the mixed plan of treatment, which I am in the habit of pursuing in that, generally, intractable disease. The patient, a young man, 23 years of age, on his admission into the hospital, had both the superior and lower extremities almost entirely covered with large leprous blotches; some of them six and eight inches in length, and three or four in breadth, formed by the coalescing of numerous circular patches. The scales were very thick; and, to give the man's own account, came off in such abundance during the night, as to cover the bedclothes. There were also several large patches on the trunk of the body, particularly about the loins. The habit of the patient is plethoric, his temperament sanguine; the skin harsh and dry, and the pulse quick. In other respects there did not appear to be much constitutional disease. He was ordered to be bled to the extent of twelve ounces, and the bleeding to be repeated once in four days; whilst, at the same time, the warm-bath was directed to be used every evening. The following medicines were directed to be taken internally:—

℞. *Hydrargyri Biniodurati* gr. j; *Conii Extracti* gr. xviij, pilulæ sex æquales, sumatur una hora somni quotidie.

℞. *Liquoris Arsenicalis* f. ʒx. Sumantur ℥ xx cyatho decocti dulcamaræ stipitum ter quotidie.

He was ordered to apply an ointment consisting of one part of common tar ointment, one part of the ointment of nitrate of mercury, and four parts of lard, to the blotches, immediately on coming out of the bath, and also in the morning. He was put upon the half diet of the hospital, which consists of broth and farinaceous matter. It is unnecessary to go into the daily details of the case: in less than eight days the scaly character of the irruption had completely disappeared; the cuticle, in the centre of the patches, had recovered its healthy character; and nothing remaining but an interrupted, elevated, red line of demarcation around each. At this time he caught cold, and

coughed, which rendered it necessary to discontinue the arsenical solution. It had previously been carried, in reference to his habit, to its utmost dose, namely, ℥ xxx, having produced nausea and vertigo; it was therefore obliged to be lowered again to ℥ xx. After his cough was recovered, it was necessary to recur again to the former plan, as he had evidently lost ground in the four days that he had discontinued it. The theory of this plan of treatment has been already placed before you; and therefore it is unnecessary now to repeat it; but it is gratifying to observe its utility illustrated in so striking a manner.

PROPOSAL TO ESTABLISH A

GREAT MEDICAL HALL OF ASSOCIATION IN LIVERPOOL.

For some time the medical gentlemen of Liverpool have been anxious to establish an institution by which they might all be connected in one general bond of honourable and efficient union. Accordingly, in December last, a circular was addressed to the profession, acquainting them that a preliminary meeting had been held, at which it was *unanimously resolved*—1st, "That it is highly desirable that an attempt should be made to raise a sum of money, by subscription, sufficient to erect a building for the future reception and preservation of the medical library, with commodious space for a museum of pathological anatomy, a lecture room, and apartments for a resident librarian." And, 2ndly, "That an address be presented to the committee of the *Royal Institution*, requesting permission to erect the proposed building on part of the vacant ground belonging to the Royal Institution, Colquitt-street." The circular added, that the contemplated building was intended "for the *sole* use of the profession." Upwards of 600*l.* has been subscribed since the project was set on foot, towards its accomplishment, Dr. Rutter, with a liberality which reflects infinite credit on him, putting his name down as the donor of 300*l.*

Agreeably to notification, (also by circular,) requesting the medical gentlemen of Liverpool to meet at the Royal Institution, in Colquitt-street, on Tuesday, the 10th, to take into consideration a communication *from the president of that institution*, respecting the erection of a building, &c., between 40 and 50 members of the profession assembled in the lecture room of the Institution.

Shortly after three p.m., Dr. RUTTER took the chair, and stated the object for which the meeting had been convened. An address had been sent to the committee of the Royal Institution, who regretted their inability, at that time, to recommend to the *proprietors* to take any steps in the matter, the annual meeting of proprietors not being summoned until the 13th. A written communication from President Brooks, however, contained a statement of the terms conformably with which the committee of the Royal Institution felt disposed to make a grant of land, on which a building might be erected, viz., that any such building, with the museum and property therein contained, should become *the property of the present Royal Institution*; but that the management of such building should belong to a committee of *medical* gentlemen. Further, that the proprietors of the present Royal institution should possess the right of *entrée* at specified hours, together with power to introduce non-residents at will,—the apartments to be open to *professional* men without any control on the part of Royal Institution proprietors. Thus they would have land for nothing, but with an absolute surrender of right in all property placed on it. And if at any future time, the removal of moveable property should be considered expedient, such removal would be contrary to the tenor of the conditions named. On an expression of the opinions of the meeting being requested,

Dr. CARSON, sen., rose and remarked, that if there were any other mode than that pointed out by the committee of the Royal Institution for procuring ground, that other should be at once preferred, rather than accept a grant which would so fetter them. Taking for granted that the whole sum could not be obtained by subscriptions from the profession, and donations from liberal men, further funds could not be raised by mortgage, if the institution were connected, on such conditions, with the Royal Institution. Supposing the conditions were accepted, what security would the medical profession have for their property? The Royal Institution itself might become insolvent. ("*Hear, hear*"—"*O, dear, no!*") It was at least a *possible*, if not *a probable*, occurrence. The proprietors of the Royal Institution were to have permission to introduce visitors, and possess tickets for themselves. There need be no objection to that, provided such proprietors' tickets were not transferable; for, if so, the result would be injurious in many ways. The condition that the articles lodged in the new institution should be inalienable, surprised him. The conditions went far enough,

if *the building* was to be virtually the property of the Royal Institution. Advantages there might be in being connected with that Institution, but there were too many disadvantages.

Dr. JEFFREYS thought that the wisest measure would be to appoint a committee from those present to consider the matter, and collect information respecting what would tend to advance the objects of the profession in the proposed building, and then let a general meeting of the whole profession be called. The present meeting consisted of fifty gentlemen at most. Circulars addressed by a single individual must have overlooked many practitioners who resided in distant parts of the town. Contributions in support of the proposed medical institution would, he doubted not, be afforded by many to whom circulars had not reached. As to the grant of land, it was too petty for the stipulated terms. The value of the grant was only some 240*l.* or so. If there was to be an institution for the common benefit of the whole profession, it should be placed on a basis much more extended and liberal. Dr. Jeffreys here went into some remarks on the library and other property. To a partial cry of "Question," he observed that he would show the bearing of these remarks on the question. The difficulties in keeping up the medical library, which had been experienced by others as well as himself, would teach him to guard against such occurrences as were inseparable from mixed and conflicting interests for the future, and it appeared to him that as little connexion as possible should be had with the Royal Institution. Every one knew with what high-sounding pretensions that Institution had been blazoned at a former period. It was to do this and the other thing. It was to vie with the most celebrated institutions in the metropolis, and outrival those of Dublin, Glasgow, and Edinburgh! But what had been the result? Shares originally 100*l.* each, could now be had for 40*l.* The profession could impart respectability to their proposed institution, without being connected with a falling institution. It was not by *money* that any institution could be made respectable. Instead of its being desirable that the profession should covet connexion with the Royal Institution, the latter should rather feel eager to court the association of a scientific body like the medical profession. If the profession had not an independent respectability, it was premature, until it had, to propose a building for medical purposes. The meeting should be cautious and deliberate. They would be legislating not for themselves but for posterity. If there was to be any building, let it be one peculiar to medical men, and not tacked to the skirts of another. The corporation would, he doubted not, aid the profession in carrying into effect their public-spirited intention, when the time arrived. Dr. Jeffreys, after alluding to the merits of Dr. Rutter, the originator of the project, whose gift would be nullified if the conditions of the chairman of the Royal-Institution Committee were agreed to, concluded by moving for the immediate appointment of a committee to consider generally what were the preferable means for effecting the object desired.

Dr. MACROBIE entertained similar views, and would second Dr. Jeffreys' motion. He thought it premature on the part of the present meeting, limited as to numbers, to return other than a vote of thanks for the attention of the committee of the Royal Institution. Moreover, the price of a suitable space of land, apart from the Royal Institution, was unknown. The conditions of the proposed "grant" were, in his opinion, by much too partial, and much less liberal than he could have expected towards the profession. He would give his support in favour of a committee, and for a general meeting being called by public advertisement.

The CHAIRMAN thought it would be premature to nominate any committee until the meeting had disposed of the offer tendered by the Royal Institution. An answer was desired by that body, in order that it might come before the general meeting of proprietors, and on which he had lost no time in calling this meeting to decide.

Dr. BAIRD viewed the conditions of the grant as very hard indeed. The proprietors of the Royal Institution would be the trustees of the new building. The predominance of the trusteeship should be centred in medical men. If subscriptions for a building upon liberal principles were brought before the public eye, there could be no doubt of support. The Medical School of Birmingham met with handsome pecuniary aid from the non-professional public.

Mr. BLACKBURNE appeared to be warmly in favour of the offer from the Royal Institution, and could see no force in any of the objections offered, except, perhaps, as regarded the moveables. With reference, however, to property in the museum of morbid anatomy, provided no right was involved to deprive medical men of such property, he could see no objection to the grant. A properly drawn-up trust deed would be ample security. Had they even claimed a *legal* trusteeship in the medical library, there could be no objection

but one of mere feeling even to that. He at the same time had no objection to a committee after the chief question was disposed of, if then necessary.

After numerous remarks from different gentlemen,

Mr. CHRISTIAN asked what sum was required, and what information was lodged with the meeting as to the plan and extent of the proposed building. Until the profession found a check to their progress, they had better agree to let the proposal from the Royal Institution stand over to be availed of or not at a future period.

Mr. C. BRYCE echoed the words of Mr. Blackburne.

Mr. ROBERTSON could confirm the existence of suspicions, on the part of many, of the Royal Institution having any control over the proposed institution. There was a disposition to withhold pecuniary aid from the Medical Institution, if the Royal Institution had any power over the property. It certainly would carry a strange appearance before the public, if the profession were to permit their property to be vested in trustees so appointed. Surely the profession were competent to take care of themselves.

Dr. ROGER SCOTT was against any final opinion being given to the proposal.

Dr. FORMBY said that if the profession could not carry this work on by themselves, which was his opinion, then it would be as well that they connect themselves with the Royal Institution; for, unless so connected, the public at large would not support them in their undertaking. (Hear, hear.)

Dr. ANDERSON contradicted these sentiments. The public were not likely to be biassed by the mere circumstance of any institution supporting a proposal of intrinsic merit.

The CHAIRMAN proposed taking the sense of the meeting as to what reply should be returned, but at the suggestion of Dr. THORBURN the conditions were again read, several gentlemen having entered subsequently to the former reading, when a committee of five was appointed to confer with the representatives of the Royal Institution, and to report generally upon the ways and means which would appear desirable to accomplish the proposed object, the result to be laid before a public general meeting. Thanks being then voted to the chairman, the meeting dispersed.—*Abridged from the "Liverpool Journal" of Feb.* 14.

THE LANCET.

London, Saturday, Feb. 21, 1835.

WHEN men are thrown into a state of severe misfortune, nothing can be more cruel than to deny to them the gratification of hoping in the near approach of "better days." The President and Fellows of the College of Physicians having long lorded it, with an insolence which is peculiarly their own, over the privileges of the great body of the medical profession, had at last become so stupified by pride and conceit, that they were incapable of weighing, with the discretion of observant men, even the most trifling medical occurrence that fell under their notice. Such a state of things was not to be borne. The medical graduates of those universities in which there were, actually, medical schools, together with the surgeons in general practice, finding the disrepute into which the profession was fast falling, and urged into activity by a sense of their own wrongs, and the wants of the community, petitioned the legislature, in 1826, for measures of redress. It was alleged, before Parliament, that the by-laws of the Colleges of Physicians and Surgeons in London were in ill accordance with the actual state of medical education and practice, and that therefore the charters on which those collegiate regulations were founded, required to be remodelled in a spirit suitable to the growing intelligence of the times in which we live. A smile of contempt, visible on the countenances of the heads of the colleges, was the first obvious result of the agitation of the question of medical reform in Parliament. Relying for security on the shield which was thrown over them by imperfect laws, they quickly resumed their accustomed tone of insolence, and

sounded the boldest threats of defiance in the ears of their assailants. Nothing daunted, however, the besiegers of the old medical citadels of corruption laboured with unceasing perseverance in exposing the defects of institutions which it was their object not to destroy but to amend and, at length, the cause of truth so far triumphed as to silence the abettors of falsehood and corruption. Then came there forth from the halls of the monopolists, an acknowledgment that, probably, some amendments were wanted,—that some concessions might be made. But the sensible and intelligent reformers were not to be driven from their purpose by such a shallow attempt at cajolery. The applications to Parliament were renewed and repeated again and again, until at last the chief culprits were made to confess, in the face of the country, that they had been guilty of practices, in exercising the authority of the collegiate institutions, of the perpetration of which even gangs of common miscreants might naturally feel ashamed, and it was then acknowledged, to use the language of one of the Fellows, that the exposure of those practices must lead to the ruin of their perpetrators.

Crest-fallen and degraded in the eyes of the whole professional body, the leading members of the party of corruptionists then gave up the battle as lost; and, admitting, at the same time, that the public opinion was too powerful to be resisted by the efforts which could be opposed by the Colleges to its influence, they appeared to be somewhat willing, (after having made their, certainly not *voluntary*, confessions,) quietly to submit to any sentence that might be awarded for their crimes. In the midst, however, of the gloom which hung over their prospects, a sudden feeling once more inspired them to fresh exertions. The appointment of the Tory administration raised new hopes in their breasts, and under the delusive excitement arising from that change in the executive government of the country, they have once more thrown into action the rotten and jarring machinery of the Colleges,—project rapidly succeeding project, in the hope that the profession may be betrayed, and that a Tory ministry will sanction an internal rather than an external system of reform.

In the attempt to render these schemes successful, the hired scribes of the colleges are directed to make the most pompous announcements of "Important Reforms" in the Colleges of Physicians and Surgeons. The "Reform Committees of the Fellows of the College of Physicians" are said to be "sitting" in one place; the "Reform Committees of the Members of the Council of the College of Surgeons" are declared to be "congregated" in another: and as announcements of this kind have been made for some time past, several correspondents have expressed their astonishment that we have so long remained silent on the subject. Why, truly, we have not deemed such nonsensical vagaries to be deserving of one moment's serious consideration. Is there, we would ask, one sensible medical practitioner who believes that anything short of a RECONSTRUCTION of the laws relating to medicine can satisfy the great body of the profession in this country? It matters not *now* one straw what alterations the College of Physicians may adopt in its laws, or what displays of liberalism may be made by the Colleges of Surgeons in London and Dublin. An account of their misdeeds IS RECORDED. The power which has enabled them to be the authors of so much evil is *acknowledged*, and its character is *understood*; and if the *Colleges* are claiming *indemnity for the past*, let it be remembered that the *profession* require *security for the future*. The crimes of the corruptionists MUST NOT BE REPEATED.

What boots it, then, to the medical

body, that the eel-backed baronet, Sir HENRY HALFORD, and his motley and slavish crew, propose to admit into th e body the "most respectable" of the Licentiates? We can tell them, at once, and for ever, that the union of *the whole* of the Licentiates with the Fellows, in one body corporate, — bound by a perfect identity and sympathy of interests and of feelings,—would not retard the progress of medical reform for a single hour; and we can inform them further, that the "most respectable" of the Licentiates will not become *particeps criminis* in any scheme so thoroughly detestable for its knavery, meanness, and cowardice, as that which is said to be agitated in the College. That there are sycophantic and truckling men amongst the Licentiates, who would deem themselves honoured by becoming exceptions to the odious principle of exclusion which has so long regulated the proceedings of the College, we readily admit; but those individuals, it must be recollected, form the exception to that high-minded spirit which pervades not only the Licentiates of the College who are resident in London, but hundreds of graduates in medicine who are entirely unconnected with any collegiate institution in the metropolis. But the very course which the Fellows are now pursuing is calculated to excite to an immeasurable extent, the disgust and indignation of the "most respectable" of the licentiates. Let them hear what is doing:—The President and Fellows appoint a Committee to determine upon the alterations which shall regulate the admission of Licentiates;—not the admission of *Graduates*, be it observed, but the admission of *Licentiates*. The Committee meet, discuss, treat the objects of their pretended solicitude with ridicule, go to the ballot, and *oust the "most respectables" from the field!* Then it is proposed that a frame of iron bars shall be lodged in the portal of the College, edged with rasps, and every licentiate who can squeeze himself between them,—who can endure to be scraped and mutilated into the proper dimensions of a "respectable,"—is to be admitted as a co-partner of the very honourable President, and the particularly honest Fellows. It is all humbug and fraud from the beginning to the end, and, as such, the whole of the proceedings of the College will be treated by the legislature.

Still, we gladly acknowledge, that the antics of the corruptionists furnish us with a rich source of amusement.

Mr. ARTHUR EUSEBIUS LLOYD has published an advertisement of upwards of half a column's length, in the *Times* newspaper of Tuesday last, wherein he states "that the grossest misrepresentations and "misstatements on the subject of the "ring-worm *at* Christ's Hospital, *has* been "published and widely circulated;" and adds, "that he feels it necessary, as the "surgeon of the institution, for his own "vindication as well as for the interests "of the hospital, that the following facts "should be promulgated in the most public "manner." We must notice what Mr. LLOYD calls the "following facts in the next LANCET, but we have looked in vain throughout his letter for a single verification of his charge of "misrepresentations" and "misstatements."

A correspondent, who signs his note "A FRIEND," says that he thinks we are devoting too large a space in the pages of THE LANCET to the subject of the medical appointments and the existence of ring worm in *Christ's Hospital*. That we entertain an entirely different opinion, will be sufficiently obvious from the line of conduct we have thought it our duty to pursue on the questions. We ought to attack medical monopolies *everywhere*, and to continue

our exposition of them, by referring to prospective as well as to existing evils, until their authors are either shamed into the observance of a more honourable course, or until such provisions are made by law as must necessarily prevent their recurrence. From what we have stated in previous numbers of this journal, it is evident that the medical department of *Christ's Hospital*, is made a branch of the medical establishment of *St. Bartholomew's Hospital*, and thus an odious monopoly, to the gross injury of the public, to the frequent ruin of the children, and to the scandalous degradation of the profession, is constantly maintained. Can we devote too much of our space to the attempt to correct the abuses which grow out of such a system of medical corruption?

As circumstances have transformed into a public question the privately concocted project for attaching a medical association to the declining institution in Colquitt-Street, Liverpool, it is unnecessary for us to utter one syllable of warning to the medical gentlemen of that flourishing town, against becoming parties to the extraordinary proposal recorded in the report which will be found at page 746 of this week's LANCET. Why, not many years will elapse before the profession, under the fostering stimulus of a new code of medical laws, will number in its ranks almost the entire body of scientific men,—if we except the astronomers,—of which this country may have to boast. The physiologists (in themselves the most comprehensive and learned class of philosophers), the anatomists, the naturalists, the chemists, the botanists, the geologists, the professors in every branch of physics, will, very probably, one and all, take their origin from among students in medicine, whether ultimately becoming practitioners of the art, or merely doctors (men learned) therein. To whose power and will, therefore, would the predecessors of such a body of men consign the scientific public property of the profession, present and future, in Liverpool? Why to an assemblage of individuals, nine-tenths of whom may not even be smatterers in a single collateral branch of the one great science which medical men profess.

To have entertained such a proposal even for a moment, argues that its adoption by the profession was considered in some quarters not impossible. Nay, we see that compliance with the offer from the *Royal Institution* was even advocated,—compliance with an offer to expend 1500*l.*, at the least, and exchange many thousand volumes of valuable works, and a splendid museum of pathology, for the *permission* to erect a *common hall* on other men's ground!

Come, now, let us see how magnificent, useful, and independent an erection the merchants of Liverpool can raise to the medical profession, upon the ruins of the project of the tenth of February, with the aid of the profession itself.

A copy of the *Norwich Mercury* of the 14th instant has been forwarded to us, in consequence of its containing a report of a trial, the KING *versus* BRAY, for an alleged nuisance consequent on the burning of bones in the comb-manufactory of a merchant resident in Norwich. The most opposite professional opinions were given on this occasion, by Mr. HULL, Mr. JOHNSON, Dr. ASH, and Mr. GOWRING, medical gentlemen, on the one side, and Mr. NICHOLS, surgeon, and Mr. STARK, a chemist, on the other, with regard the effect on health of the effluvia arising from decaying and putrid animal matter. As this subject has been hitherto discussed in a very imperfect manner amongst us, and exact information is much demanded on the matter, we will next week lay open the various points connected with it, for debate at some one of our metropolitan medical societies, where the proceedings can be reported, by extracting from the paper before us the evidence given by the gentlemen whose names we have mentioned, and whose corrections, should they be needed, of any of the details in the newspaper we shall be glad to receive.

We shall here simply observe that the position can hardly be regarded as tenable, that the continued effluvium of putrifying animal matter is absolutely *healthy* to the human system. The best of all smells is no smell.

THE LATE

BARON DUPUYTREN.

The last honours have been paid to the body of the most illustrious surgeon of France,—of Europe, let us say,—and now that death, in delivering his clay to the earth, has rendered up the labours of his mind to posterity, we shall record a brief notice of his life,—of the life of DUPUYTREN, the worthy successor of PETIT and DESAULT,—the man whom, living, all admired, but whom few loved, and whom no one understood. Like our contemporaries of France, we shall aim to abstract the man of high science from the faulty individual, harassed by passions which even he could barely control, and dominated every instant of his days by one overwhelming *souvenir*,—ingratitude and infidelity; for DUPUYTREN, though at times the most polished of Frenchmen, was on most occasions more intolerably brutal than even the cunning and affected ABERNETHY. If he lived in a state of moral seclusion from the world, and apart from his contemporaries—acquiring a species of sublimity to his ill temper—these and many other characteristics of his private life were connected, as he himself acknowledged on his death-bed, with an accident which is too common among those whose unenviable lot it is to move in the upper circles, especially,—indeed in any of the circles,—of Parisian society; and which, though laughed at in the world, —as the misdeeds of woman there are laughed at, —was quite sufficient to unhinge the unbending and gigantic mind of DUPUYTREN. But avoid we these passages of scandal and unhappiness.

The commencement of DUPUYTREN'S career was tinctured with romance. Born of poor and humble parents, on the 5th of October 1777 or 1778, at Pierre Buffiere, in the department of the Haute Vienne, the early years of his life were passed in obscurity; but fortune destined him for another theatre than that of a country town. As he was one day playing in the public square, with other children of his age, an officer of a cavalry regiment on passing by was struck with the intelligent appearance which he bore, and offered to his parents to carry him to Paris, and there charge himself with his education. The proposal was instantly accepted, and the youth arrived at Paris, in 1790, at twelve years of age. Here his talents and assiduity soon procured him protectors. As early as 1795, being scarcely eighteen years of age, he was appointed demonstrator to the faculty of medicine, which was then reorganized. In 1801 he was nominated to the place of Chef des Travaux Anatomiques, now filled by M. BRESCHET. In 1803, he received his degree, and at the same time was named assistant surgeon to the *Hotel Dieu*. In 1812, at the end of a most brilliant concours, he was appointed to fill the chair of operative medicine, vacant by the death of the celebrated SABATIER; whence, in 1815, he was transferred to the chair of clinical surgery, which he filled during nearly 20 years. Finally, in 1818, he obtained the senior surgeoncy of the *Hotel Dieu*, and was elected a member of the Institute. The greater part of these appointments were, as M. ORFILA remarked, in pronouncing a funeral oration at his grave, obtained by brilliantly contested concours, in which DUPUYTREN had to battle with men of transcendent merit, who also have now reached the head of French medicine and surgery: hence he was one of the warmest partisans of the concours, which he always defended and upheld, both in public and in private; though, seemingly, strange to say, the chair which he has endowed with 200,000 francs is, according to *on dit*, to be given to M. CRUVEILHIER by his express desire. However, this almost excusable wish has a limit which will not include any after aspirant for the post.

In November, 1833, the health of M. DUPUYTREN first gave symptoms of decay. On the 5th of that month he was seized with a slight fit of apoplexy, which soon passed off, but left behind it some difficulty of speaking, and caused a deviation of the mouth towards the right side. The warning could not be mistaken; but DUPUYTREN, whose mind was always of a most determined nature, insisted on continuing his duties at the *Hotel Dieu*; and it was only by force that his friends and family carried him to Naples at the end of November. He returned to Paris in May 1833, and immediately resumed his visits and lectures at the hospital, but there presented nothing save the wreck of former greatness, struggling against a fatal disease, and determined to hold out to the

last. His tongue, once so eloquent and polished in its language, now faltered at every sentence; while the remnant of distortion in the mouth gave the most painful expression to his once handsome but cynical countenance. The fatigue consequent upon his attendance at the last concours was, in all probability, the immediate cause of his death, by developing a pleurisy, which was at first overlooked, the brain being considered to be the only organ seriously affected. The existence of effusion, however, soon became too manifest to be denied; and then were every means that art could use employed to ward the threatening result, but all without success. The fatal disease gradually gained ground, and after eleven days of painful suffering, which was borne with the most heroic indifference, terminated his existence on the 8th of the present month, at three o'clock in the morning, in the fifty-sixth year of his age.

Dupuytren preserved his intellectual faculties to the last; and never ceased for a moment to give proof of the possession of that well-tempered courage and disregard for death which were to be expected in a man of his character and disposition, and one who had faced the destroyer under almost every possible variety of circumstance. He continued to give his consultations until within a few days of his death; and the evening before the occurrence of the fatal event, he made his domestic read "the paper" as usual, in order "that he might carry the freshest news of disease out of this world" (Afin de porter la haut des nouvelles de ce monde). Hardly ever was the ruling passion stronger.

Dupuytren has left a large fortune to his only daughter,—about 280,000*l*. He has also left 200,000 francs for the purpose of instituting a chair of pathological anatomy; and bequeathed his mortal remains to his two friends, MM. Broussais and Cruveilhier, who examined the body on Monday, the 9th instant, thirty-two hours after death. The *procès-verbal* is published at length by the French journals. The following are the most striking points which it contains:—

Cavity of the thorax.—The right side of the chest more developed than the left. On plunging in a trocar, about four pints of troubled serum were evacuated. The pleura at this side evidently inflamed, and the lower portion of the lung changed into a condensed fleshy mass, totally impervious to air. The left side of the chest contained about half a pint of clear serum, and the lung was healthy.

The heart was strong, and sensibly hypertrophied, but well formed; the cavity of the left ventricle might contain a large hen's egg. The cavity of the right ventricle was still larger; its parietes were three lines in thickness; that of the right one six lines: the other parts of the heart were healthy. It is a curious circumstance that Dupuytren always believed that the heart was the seat of his disease. "Let them examine my heart well," he said, "and they will there find the seat of my complaint,—the injury produced by my sorrow and my torments."

Cavity of the skull.—Before opening the skull, its external measures were taken with great exactitude. The whole showed that the dimensions of Dupuytren's head were much larger than those of ordinary heads. The posterior superior portions of the brain were particularly developed. The external appearance of the brain was healthy; but before being examined, it was given to an artist to prepare a cast. After the mould had been formed, the brain was necessarily drier: it weighed, with the cerebellum and medulla oblongata, two pounds fourteen ounces. The ventricles contained no serum; but near the commencement of the digital cavity was observed a kind of spot or yellow cicatrix, one inch long, and half an inch broad. This alteration was superficial, and, raised up on the point of the scalpel, showed the medullary substance healthy below. In the centre of the right optic thalamis was a small nucleus of extravasated blood, as large as a grain of hemp-seed. In the part of the corpus striatum outside the thalami, on the right side, was found an excavation, of a brown colour and broken edges, that would contain a filbert; and in the corpus striatum of the left side, an apoplectic cavity of the same magnitude: in both were recognised some cellular filaments, intercrossing one another.

The last respects were paid to the remains of Dupuytren on the 10th of February. The *cortege* was composed of all the professors of the faculty, in their robes of office, of deputations from the *Academy of Medicine* and the *Institute*; of several peers, deputies, &c.; and almost all the students of the school accompanied the body to the church of St. Eustache, and thence to Père la Chaise, where orations were delivered over the grave by M. M. Orfila, Larrey, Bouillaud, Royer-Collard, and his interne at the *Hotel Dieu*, M. Tessier. The funeral car was drawn by the students from the church to the tomb, which is not far from the beautiful monument of General Foy.

A personal sketch of M. Dupuytren, and a notice of his improvements in the various branches of surgery, shall occupy our attention in the ensuing week.

FRENCH JOURNALS.

Gazette Medicale de Paris, Jan. and Feb. 1835.

The numbers of this journal for January, and the 1st half of the month of February, contain the following original articles:—1. On the use of cold water in several surgical diseases, by MM. Josse, father and son, surgeons to the *Hôtel Dieu* of Amiens. 2. History of an epidemic of cholerine observed at Dieppe, during the summer of 1834. 3. Practical observations on ulcers of the neck of the uterus, by M. Magistel. 4. Observation of a case of the sense of music very highly developed in an idiot, with some remarks on phrenology, by M. Leuret. 5. Researches on the nature and varieties of accidental ossifications, by M. Rognetta.

Art.—1. Use of Cold Water in Disease.

The authors of the present article having given a short sketch of the medical history of cold water, develop the theory upon which they believe its beneficial effects are explained. Inflammation, as Cooper observes, in the first volume of his "Lines," is connected with almost all surgical diseases, either as a cause, a symptom, or a complication, or even as a means or mode of cure. Hence, in order to understand the action of cold water in various morbid states, and regulate its application in a rational manner, it is absolutely necessary to determine the mechanism and nature of the phenomenon generally called inflammation. M. Josse defines this affection according to the views of Haller, Hunter, Bichat, and Burns; and regards it as consisting in an augmented action of the capillaries, by which the blood is attracted more or less forcibly from the surrounding parts. Besides this, he conceives that at a certain period of inflammation the capillaries lose their active extensibility, and are merely distended in a passive manner by the blood, which is sent to them too forcibly and in too great quantity by the larger trunks; hence he concludes, that if, by any means, the impulse of the blood towards the inflamed part be sufficiently diminished, the capillaries are enabled to recover their contractility, and the disease is cured.

Such is the theory of the mode of action of various antiphlogistic remedies, and principally of cold water. As to the best method of employing this latter means, M. Josse prefers a constant stream of water on the part: but this is so inconvenient in many diseases, that the surgeon is forced to substitute compresses dipped in cold water, and constantly renewed, in such a manner that the evaporation of the fluid may continually carry off calorie from the surrounding parts, and thus act as a powerful sedative on the circulating system.

When the inflammation was situated in a leg, an arm, &c., M. Josse employed the method of effusion which we have sometimes seen used in the Parisian hospitals; viz., by a bucket containing cold water, suspended over the limb laid on oilcloth, to prevent the bed from being wetted, and a second bucket to receive the water which drains off from the end of the cloth. The water first used is of the temperature of the surrounding atmosphere, and then gradually lowered, according to the sensations of the patient. When compresses are employed, the author properly cautions us against an error into which many surgeons fall when they treat inflammation in this way. Thus the increased temperature of the inflamed part soon evaporates the water imbibed by the compress; which becomes dry, or at least contains a fluid whose temperature is elevated. On renewing the water the temperature is suddenly changed; and when this takes place several times, instead of a constant application of cold, we have a succession of cold baths, each of which is followed by a certain degree of reaction.

In the early stages of local inflammation the use of cold water is attended with the most beneficial results: and even when the disease has existed for some time in the tissues, the general symptoms, as pain, fever, agitation, &c., immediately disappear, although the local phenomena seem to resist the action of the cold.

Finally (and here we cannot help quoting the author's words), "when cold effusion is employed before the inflammatory symptoms have declared themselves, its action is most rapid and decisive. We are, indeed, able to affirm, that whatever may be the extent of the injury, whatever the importance of the injured organ, no matter in what way the wound may have been produced,—by contusion, laceration, gunshot, incision, puncture of a sword &c., whether it be a comminuted fracture, or an opened articulation, &c., if the life of the part or parts have not been actually destroyed by the operating cause, the employment of cold effusions will certainly prevent all local and sympathetic reaction." In a second part M. Josse promises some practical observations on the above principle.

We regret that our space does not permit any examination of this doctrine, which, though new in France, is certainly not so with us. We cannot, however, avoid calling to mind the beautiful theory now for many years advocated by the professor of anatomy in the University of Dublin, nor the physiological reasoning and practical facts which he is in the habit of advancing in its support. The doctrine that inflammation is not necessary for the union of wounds, and that its development may be successfully prevented, belongs undoubtedly to Dr. MACARTNEY, although it has been republished without any acknowledgment by Mr. SYME of Edinburgh, and forms the basis of the treatment recommended in the ingenious memoir before us, by MM. JOSSE of Amiens.

Art. 3.—ULCERATION OF THE NECK OF THE UTERUS.

The excellent lectures of M. LISFRANC, which we have lately published on this subject, and which contain the results of his vast experience in diseases of the uterus, relieve us from the necessity of making a lengthened analysis of the present paper. It contains eight observations of ulceration of the uterus, arising from a variety of causes; such as the use of the pessary, venereal infection, scirrhus, &c. The following conclusions result from what the author has observed:

1st. On the least symptom of disease of the uterus the surgeon should have recourse to the use of the speculum.

2nd. When the ergot of rye has failed in the treatment of a metrorrhagia, the vagina should be immediately plugged, before the other means, generally employed in such cases, are exhausted.

3rd. The slightest ulcerations of the uterus should be combated by caustics.

4th. The best that can be employed for this purpose is the nitrate of mercury (*nitrate acide de mercure*, the proto-nitrate of mercury dissolved in nitric acid).

5th. In chronic catarrh of the vagina, the use of a tampon of charpie, allowed to remain for some time in the vagina, may be attended with the best results, by separating the parietes of the canal, and absorbing the altered secretion of the mucous membrane or ulcer.

6th. A female may survive for a great length of time, though affected with cancer of the uterus, provided no hemorrhage supervene.

Art. 5.—NATURE AND VARIETIES OF ACCIDENTAL OSSIFICATION.

This is one of those papers which we often meet with in the French and German journals, containing rather a display of research on the part of the author than any new or practical information. M. ROGNETTA lays down as a principle, which no pathologist of the present day will we should think be inclined to contest, that every osseous substance is not the effect of a transformation of cartilage into bone. M. HOWSHIP was generally supposed to have been the first who pointed out this fact, but M. ROGNETTA traces it to REICHEL.

Accidental ossifications may be considered under the double view of the tissues which they may occupy, and the material composing them. With respect to the first head, they may be found in every tissue of the body; and according to DUNCAN and BERZELIUS, their chemical composition differs little from that of ordinary bone, except that they contain somewhat more of the carbonate of lime.

Journal Hebdomadaire, January 1835.

The numbers of this journal, for the past month, contain, as usual, very little that is worthy of notice. The greater part of the medical periodicals of Europe necessarily pass through our hands, and we have not as yet met with one, whether indigenous or foreign, which can compare in insignificance with the journal of MM. BOUILLAUD and FORGET, a circumstance which can only be attributed to its direction being solely left to the latter gentleman. The five numbers before us contain the following so-styled "Original Memoirs:"—

1. Case of fibrous cancer developed in several regions of the medullary organ, by M. Dubruil, professor at Montpellier; 2. Case of poisoning by belladonna; 3. Case of ligature of the subclavian artery for traumatic aneurysm of the axillary, by M. Segond. (In this latter case aneurysm resulted from a fall on the

shoulder producing compound luxation of the joint and laceration of the axillary artery. The blood was arrested by compresses dipped in spirit of camphor, and in a month the wound healed. An aneurysm now formed in the axilla, and the subclavian artery was tied above the clavicle. The ligature, composed of two threads, came away on the 11th day, and on the 20th the wound was healed.) 4. Report on the diseases of Cayenne; this fills the greater part of Nos. 3 and 4. Finally, an observation of premature labour, by M. C. Gerrard.

Journal des Connaissances Medico-Chirurgicales. Feb. 1835.

It is a relief to turn to this journal from the one we have just left. The present number contains,—

1. A memoir on the cauterization of the larynx in certain cases of chronic aphonia, by M. Trousseau. 2. Case of face-presentation, which required the Cæsarean operation, by M. Halma-Grand. 3. Remarks on the simultaneous use of bleeding and tartar emetic in pneumonia, by M. Teissier. 4. Considerations on diseases of the eye; anatomical researches on the height and breadth of the nasal duct in various nations, with a table, and a modification of M. Dupuytren's canula, by M. Bourgot St.-Hilaire, late chef de clinique for diseases of the eye at the *Hotel Dieu*.

Art. 1.—Cauterization of the Larynx in Chronic Aphonia.

When we analysed the interesting observations of M. Trousseau on croup, and the employment of the nitrate of silver as a local remedy for that fatal disease, we were unacquainted with the fact, that four years ago he had succeeded in rapidly curing a case of chronic aphonia, by cauterizing the larynx. Since then he has collected a sufficient number of facts to recommend with confidence this novel practice. Ulceration of the larynx is one of the most frequent causes of chronic aphonia, and the former depends, in most cases, either upon phthisis or syphilis; however, the mode of treatment recommended by M. Trousseau is scarcely applicable to aphonia resulting from an actual loss of substance, and must, therefore, be limited in its application. The author distinguishes two forms of chronic aphonia,—one generally affecting females, and of a nervous character, the other coming on more slowly, subject to variations, and finally becoming complete. This form is often seen in singers, public speakers, &c. Either of these varieties of aphonia may, or may not, be accompanied with inflammation of the mucous membrane of the pharynx and larynx. They are combated by several remedies, but particularly by cauterization of the affected parts. M. Trousseau gives a full description of the manner in which this may be effected with a small twig of whalebone, armed with a morsel of sponge, half an inch in diameter. The cauterization may be performed with a saturated solution of nitrate of silver, and repeated once a day for a fortnight without any danger of eroding the mucous membrane, or producing anything more than a slight degree of nausea. M. Trousseau insists forcibly on the innocence of the nitrate of silver thus employed, and supports his assertion by several valuable cases. We give a hasty sketch of one as an example:—

Case.—H. Maiblet, 20 years of age, received into the *Hotel Dieu* on the 29th of August 1831. During the course of menstruation she was exposed to cold; the menses ceased, and a complete aphonia supervened. General and local bleeding were employed. In two months the menstrual discharge returned, but no modification in the state of the voice. The disease had now lasted three months. On being received into the hospital she was bled to syncope without any benefit. M. Trousseau now resolved on cauterizing the pharynx and upper part of the larynx. The operation did not take up more than twenty seconds; it was followed by some cough but no pain of throat. On the following morning no change, but 48 hours after, the aphonia began to disappear, and there was some slight pain in the larynx. On the fourth day the patient could speak distinctly, and on the 10th September she left the hospital perfectly cured, and since then there has been no relapse.

In addition to this case M. Trousseau details three others in which cauterization was employed with equal success. In one the patient was cured on the third day; in the two others the treatment extended to a month.

Art. 3.—Use of Bleeding and Tartar Emetic in Pneumonia.

The relative merits of venesection, and what is called the "Italian method," in the treatment of pneumonia, have long occupied the medical world, and particularly that of Paris. The object of the present paper is to place in a favourable point of view the utility of tartar emetic administered in moderate quantity after the more violent inflammatory symptoms had been reduced by bleeding.

CASE OF DOUBLE UTERUS.

Malformations of the uterus, consisting in a division of the organ into two cavities by a perpendicular septum, are rarely met with in the dead body, and are still more rarely recognised during life. The unfortunate termination of the case we are about to notice, recorded by M. J. A. Le Roy, gives an addition to the interest depending on it in an anatomical point of view:—

Erminia Trousin, 19 years of age, menstruated for the first time two years ago, and in a few months afterwards married. About six months back she commenced to feel severe pain in the region of the uterus and vagina, which was aggravated at each menstrual period. The pain was relieved by the horizontal position, but continued to increase every day. On the 1st of May last she consulted M. Le Roy. The menses had appeared for three days, and with them intense pain in the uterus. On examination he found, about an inch above the orifice of the vagina, a hard tumour filling the whole of the true pelvis; the neck of the uterus could not be touched. Externally a hard tumour was felt, extending as high as the umbilicus, and perfectly resembling an uterus at the 6th month of pregnancy. The tumour evidently contained a fluid, but the introduction of a sound into the bladder showed that it did not consist of that organ. The nature of the tumour was very doubtful. However, as the patient desired to be relieved, after a consultation with three surgeons of the hospital at Versailles, M. Le Roy opened the most depending part of the swelling, by plunging a trocar into it. Some dark-coloured fluid came away. The opening was enlarged by a bistoury, and a great quantity of the same fluid was discharged. The supposed body of the uterus and its vaginal orifice were now distinguished in the upper part of the vagina. For the first four days after the operation the patient's state was most favourable, but on the 19th symptoms of peritonitis set in; the abdominal inflammation made rapid progress in spite of the most active measures, and the woman died on the 22nd.

On examination of the body after death, the peritoneum was found actively inflamed, especially in the neighbourhood of the tumour. There was no trace of neck to the uterus; but the natural opening lay quite upon the mucous membrane of the vagina. To the left and lower down was the artificial orifice. The body of the uterus presented an inch and a half in breadth, and was terminated on either side by two horns, each a couple of inches long. The cavity of the uterus was opened from the external mouth to the extremity of the left horn, and it was now seen that the uterus was divided into two portions by a perpendicular septum, extending from its fundus to the inner edge of the utero-vaginal orifice, so that the right cavity had no communication either with the left one or with the canal of the vagina. This was more plainly seen when the right cavity was opened. The fibres of this part of the uterus appeared considerably enlarged; and at the lower part it formed the enormous pouch which filled the pelvis, and extended into the abdomen.—*Jour. des Con. Med. Chir.*, Feb.

The nature of the tumour and cause of the symptoms, so embarrassing during life, were thus easily explained. The case is itself a most instructive one. It shows the danger of our having recourse to what are called operations of "complaisance;" and, moreover, shows the necessity of attending to a point of practice much better appreciated in England than in France. Our surgeons are properly cautious in drawing off, at the same time, any large quantity of fluid from a serous cavity. In the present case, more than three washing-basins of dark fluid were removed, and this sudden depletion of the cavity probably gave rise to inflammation of the peritoneum surrounding it.

A DAILY paper states that some physician has just resigned his office at a Dispensary to enter to the bar. He worked as a doctor at the "Charity" for nothing. How much will he do as a lawyer for the same reward?

DRS. HUTCHINSON AND DAVIDSON.

To the Editor of THE LANCET.

SIR,—Other engagements have prevented my earlier notice of the truly characteristic letter of R. Hutchinson, M.D., St. Andrews, one of the Physicians to the Nottingham General Hospital, published in THE LANCET of the 17th ult.

I might, indeed, have safely left it to all who are acquainted with the parties, to judge which was the more likely to give utterance to an untruth; especially as I was of opinion that none besides would take any interest in such a controversy.

I yield, however, to the advice of several of my professional brethren, in requesting the insertion, in your widely-circulated journal, of the following statement of facts connected with the case of the diabetic patient, Moss, which appeared in THE LANCET of December the 27th, communicated by Dr. Hutchinson.

This patient was admitted into the hospital by Dr. Hutchinson, October 22nd, 1832, and remained in the hospital, under his care, till March 5th, 1833, and as an out-patient till April 18th.

As Dr. Hutchinson has not thought fit to transmit you the records of his own note-book relative to the case "during the six months the poor man was under his management," I have considered it due to him and to the profession to avail myself of his "'sanction' to make what use I please of his notes," granted me in his letter of the 13th ult. (LANCET, Jan. 17th), and have been at the trouble of transcribing them; I shall in a few days send you an accurate copy, for the edification of your numerous readers, when, I believe, it will be evident that the patient was the subject of diabetes for a long period, if not from the time of his admission, without my learned colleague being aware of the fact, and that when he did stumble upon the real nature of the case, he speedily set about ridding himself of it by making the poor man an out-patient, although his home was seven miles distant from Nottingham.

I had no knowledge whatever of this case prior to his presenting himself to me for admission as an out-patient of the hospital, Dec. 11, 1833, when, finding him labouring under the well-known symptoms of diabetes mellitus, the distance of his residence, and the state of his circumstances, induced me strongly to recommend his again becoming an in-patient.

In the treatment of the case, I had occasion to order him to be bled, when the appearance of the blood led me to direct that it might be preserved; but I was astonished at my next visit to learn that *Dr. Hutchinson had carried it away*, without any intimation to me, or permission given!

I quickly discovered that it had been conveyed to my talented and esteemed friend Mr. Grisenthwaite (then of Nottingham, now of Cambridge House, Hackney Road), who, finding it had been taken from a diabetic patient of mine, very politely communicated with me on the subject, stating that he would furnish me with an account of his analysis of the milky serum, which, together with the medical history of the case, I might transmit for publication.

Mr. Grisenthwaite's removal from Nottingham to London, and his previous preparatory engagements, interrupted these proceedings, and thus the matter stood, when I read with surprise in THE LANCET of Dec. 27th the account of the case as communicated by Dr. Hutchinson, introduced by a rhapsody about solidism, fluidism, &c., which I believe none but the learned Doctor can comprehend.

In this communication, *without one single reference to the history of this poor man's malady during the long period he was under his own care* ("six months!"), *he publishes a manifestly incorrect copy of notes from my case-book, surreptitiously obtained.*

This conduct of Dr. Hutchinson I laid before the committee of the institution, having previously learnt that Mr. Creeke, the junior apprentice, had been directed by Dr. H. to transcribe my notes, without my leave or knowledge.

Dr. Hutchinson attempted to defend himself by assuring the committee, "upon his honour as a gentleman," that he had desired Mr. Creeke to ask my permission to take the copy required, of which Mr. Creeke denied the *slightest recollection*, but declared that he acted *under Dr. Hutchinson's express directions*, in transcribing my notes.

The following is a copy of a note which I have received from Mr. Creeke on the subject:—"Dear Sir,—In answer to your request, I have only to say, that as far as my recollection of the circumstances goes, Dr. Hutchinson never directly or indirectly expressed a wish that I should ask your permission previous to copying the case of Moss; and certainly he did not do so. I only saw him once on the subject (as we were walking through the wards), and I copied the case out the same day he directed me, which was taken to his house. Your, &c.

"JOHN C. CREEKE.

"General Hospital, Feb. 7, 1835."

Further, Dr. Hutchinson having before the Committee *publicly* accused Mr. Creeke of not conveying his request to me, sought the first opportunity of *privately* assuring Mr. Creeke that no blame attached to him, which manifestly would not be true if Dr. Hutchinson had in reality directed him to request my concurrence in the transcription.

My conception of this conduct of Dr. Hutchinson, is that *it is highly unprofessional, and that he has made an unjustifiable and "improper use of my case-book."*

The correctness of this inference, so coarsely and intemperately impugned by Dr. Hutchinson, in his letter of Jan. 13th, I now confidently leave for the profession to decide, who can have no difficulty in discovering the Doctor's motives, and appreciating the measures he has made use of or the principles that guide him. I have the honour to be, Sir, your obedient humble servant,

JOHN MITCHELL DAVIDSON, M.D.
Senior Physician to the General Hospital near Nottingham.

Nottingham, Feb. 11th, 1835.

ST. BARTHOLOMEW'S HOSPITAL.

THE "PROFESSOR OF PATHOLOGY."

To the Editor of THE LANCET.

SIR,—If a student at the hospitals or medical schools finds himself aggrieved, he naturally looks for assistance, not to his teachers, for they are generally the promoters of his grievance, but to THE LANCET, or rather to its Editor. I therefore apply to you for information respecting a Doctor Pardoe at this hospital, and to know what is the situation he holds at St. Bartholomew's. He styles himself "Professor of Pathology or Morbid Anatomy," but I have not yet heard of any one having been enlightened by his labours, nor any mention of him in the institution, except as the object of almost universal complaint, inasmuch as he takes upon himself to institute post-mortem examinations of the bodies of all the unfortunate people who die in this hospital; and as the bodies of a great part of the whole of the deceased patients who are unclaimed come into the dissecting-room (it is but seldom that we get another subject, as, from some cause or other, they are very scarce), there is a general want of abdomens, necks, and brains. Of four subjects which come into the room, the extremities only of three are fit for dissection, the post mortems held on them by the accomplished "Professor" having totally destroyed the other parts, and the brains, when not examined, being run off with by the dressers. Now, as the anatomical examinations at the Hall and College are generally on one or other of the absent portions, and as we have paid twenty guineas each to be allowed to teach ourselves, it does seem very hard that the researches of this morbid anatomist should interfere so effectually with our chance of getting anatomical knowledge. Many of the students are now standing still with respect to anatomy. Something should be done to abate the nuisance of valueless post-mortems, while there are so few subjects to be had from other quarters. By whom is Doctor Pardoe employed, or does he puddle amongst the bodies for his own amusement? If Doctor Pardoe wishes to dissect, or to learn morbid anatomy, let him enter and study under those whose duty it is, as paid officers of the hospital, to teach us anatomy and pathology, and obtain his subject also *in his turn*, and not hinder others from dissecting important parts by making such a mess with the contents of the cavities. If you have sufficient room in your periodical, perhaps you will be so kind as to insert this letter, in order that the grievance may meet the eyes of those who superintend the anatomical department of the school. I would add my name, or try to make effectual complaint in the hospital, but I am well aware that I should be marked out for vengeance, for these gentlemen are like the Venetian Council of Ten,—they do not stop until they have damaged the party in some way or other who is so unwise as to offend them; so I shall call myself your obedient servant,

VENA PORTÆ.

St. Bartholomew's Hospital,
February 11, 1835.

GUY'S HOSPITAL.

THE following reports have been sent to us from this hospital for publication, and are inserted as they were received:—

LITHOTOMY.—Jan. 27, 1835. Jas. Smith a healthy-looking boy, ætat. six years, had laboured under symptoms of calculus vesicæ, for some months previous to his admission, and now came to the hospital to be relieved by an operation. He was brought into the theatre at one p.m. this day, when the operation was performed by Mr. B. COOPER, in a short space of time, smoothly and distinctly, all the steps of the operation being very well performed,

A stone of a moderate size, and a somewhat roundish form, was extracted. The resistance offered by the patient, and the difficulty experienced in keeping his pelvis steady, were considerable. He was then put to bed, and has not since had a single bad symptom, being at present walking about the ward. He passes all his urine per urethra. The stone on being analyzed was found to consist, the central portion of nitrate of ammonia, and the external covering of fusible calculus.

STRANGULATED FEMORAL HERNIA.—Feb. 10. Elizabeth R., ætat 66, a flabby and rather corpulent woman, was brought into Guy's Hospital, this day, at half past one, with symptoms of strangulated hernia. She stated that she had never been subject to hernia previous to Thursday, the 6th inst., when she first perceived a swelling in her left groin, which had never retreated, but increased in pain and tenderness up to the time of her admission. Mr. COOPER having failed to reduce the hernia by the taxis, proceeded, at two o'clock, to operate. The operation proved to be one of more than common difficulty, in consequence of a large deposit of fat between the fascia superficialis and the fascia propria, and also between the fascia propria and the sac. Another slight impediment arose, from Mr. COOPER having passed the director over* a band of the fascia propria, which thereby escaped the edge of the knife. This band was then divided, and the intestine returned, but not in a very favourable condition.

Feb. 11. The patient's bowels were relieved once during the night, but she has had no motion since the enemata were exhibited. She has vomited several times, and her present state, combined with her previous habits of life, which have been far from regular, render the prognosis in her case any thing but favourable.

LITHOTOMY.—Feb. 11. William Parker, a florid, healthy-looking boy, ætat. five years and a half, was this day brought up for operation. Some little time elapsed before the stone was distinctly felt. The operation was performed by Mr. B. COOPER. It was a beautifully smooth, distinct, rapid, yet gentle operation, and a small round calculus was extracted, composed of oxalate of lime, coated with the ammoniaco-magnesian phosphate. During the operation a prolapsus ani, to some extent, took place.

12. The boy is going on very well; no hemorrhage has ensued, much urine coming by the wound, altogether affording promise of a speedy and perfect cure.

* The director was passed through the fascia and over a small band of it.

TREATMENT OF TINEA CAPITIS WITH TAN-WATER.

To the Editor of THE LANCET.

SIR,—Will you have the kindness to spare me a few lines in your valuable columns, to lay before the profession a mode of treating *tinea capitis*, which I have found to be more successful than any that I have seen tried. It is that of simply bathing the affected parts every two hours during the day, with the strongest *tan-water* which can be procured, and continuing this treatment for at least a month. Although this local application has answered the purpose without any constitutional treatment, I by no means wish to recommend it to the exclusion of internal alterative remedies, and sound diet; both of which will manifestly act as powerful auxiliaries in promoting the cure of the local ailment. The therapeutic principle in the tan-water is probably a gallate of lime, although, from the numerous ingredients presented by the analysis of the fluid, the sanative effect may be attributed to some of the other substances held in solution.—I have the honour to be, Your very obedient servant.

CHARLES LOUDON, M.D.

Leamington Spa, 9th Feb. 1835.

CORRESPONDENTS.

The student of the Webb-street School who last week complained to us of imperfection in the chemical diagrams of Mr. Everitt, appears to have stood alone in his opinion of those illustrations; for a document has been transmitted to us, signed by 114 of the pupils of that gentlemen, in which "the unequivocal dissent" of the subscribers from the statement of the student is expressed, at the same time offering the unanimous testimony of those pupils to the indefatigable zeal with which Mr. Everitt acts in fulfilling the duties of a lecturer in the school.

B. C.—We shall not be able to find room for the phrenological article.

A Guy's Student.—The complaint has repeatedly been made, and is sure of a remedy before long. The simple iteration of the charge will effect no good at this moment.

The communications of Mr. Buller, Mr. West, Mr. Britain, Mr. Horne, Dr. Clanny, An Irish Medical Student, R. B., and Dr. Robinson, have been received. We are obliged to Mr. Hemming for the ticket and cards. *Veritas* shall appear.